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ABSTRACT

The first section of this conference report on a drug-free America presents an overview addressing three areas: the scope of the drug problem in the United States; its evolution; and some proposed solutions. In the second section, recommendations for action are made for prevention of drug abuse that may be achieved through multiple strategies that address the unique characteristics, cultural diversity and structure found in each community in America. The point is made that prevention must be comprehensive, involving all systems (educational, medical, law enforcement, religious, family, business, etc.), and each community must have a specific plan of action. Examples of programs are given at the end of each chapter. The appendices include a summary of recommendations as well as lists of 400 resource organizations and reading and audio/visual materials for students, teachers, parents, and health professionals (27 items). (JD)

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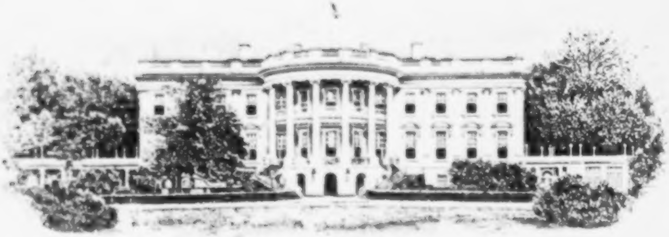
THE WHITE HOUSE CONFERENCE FOR A DRUG FREE AMERICA



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FINAL REPORT

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Final Report

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The White House Conference for a Drug Free America

Final Report
June 1988

"The war on drugs cannot be won alone by soldiers in the jungles of South America or police officers in the alleys of our cities, or lab technicians in the health departments of our businesses. Skirmishes can be fought there, but the war must be won in the conscience, the attitude, the character of Americans as a people. So long as we tolerate drugs, think they are sophisticated or mildly risqué, we will never rid ourselves of this national albatross."

– Lois Haight Herrington
Chairman

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THE WHITE HOUSE CONFERENCE FOR A DRUG FREE AMERICA

To the President of the United States and
Members of the 100th Congress:

As Chairman of the White House Conference for a Drug Free America, I hereby forward the Final Report, as mandated by the Anti-Drug Abuse Act of 1986 and by Executive Order of the President, May 1987. It has been both my pleasure and my privilege to serve as Chairman of this nation-wide effort.

In compiling this report, the Conference met throughout the country in seven diverse cities. We listened intently to the views of thousands of citizens. We asked questions, stimulated debate, and profited by the insight of national, state and local officials. We also heard from law enforcement, health care and research professionals, corporate and labor leaders, parents, educators, media and entertainment figures, and sports heroes. We involved both young and old whose lives are dedicated to fighting the scourge of illegal drugs as well as those who have been directly or indirectly tainted by drugs. We received the insight of our 127 distinguished Presidential Conferees.

In essence, we drew on the innate wisdom and good sense of the American people, and this report reflects their views. This report is the first of its kind where Americans from everywhere joined together to forge solutions to the illegal drug problem.

The report reflects our extensive findings about the scope and character of the problem and offers wide ranging suggestions about how to combat it, both in and out of government. It is the hope of each participant and Conferee that we have made a contribution to our victory in the war on drugs. We pledge our assurance that our dedication to achieving a drug-free America will continue.

Respectfully yours,

Lois Haight Herrington
Chairman

STATEMENT OF THE CHAIRMAN

Drugs threaten to destroy the United States as we know it. From both within and without, this country is being attacked as never before in its history. But in every part of the land, Americans are beginning to fight back. Indifference and denial are yielding to a growing national commitment to turn the tide against illicit drug use and trafficking. People are changing their formerly tolerant attitude towards those who sell drugs and those who use them. This report of the White House Conference for a Drug Free America reflects findings about the scope and character of the drug problem and offers wide ranging suggestions for how to combat it.

An undertaking of this magnitude requires the help of Americans from every walk of life, every part of the country, every social and political background. While we received the aid of a large number of scholars and experts, just as importantly we drew upon the wisdom of the American people. The outstanding adults and youngsters whose names are listed in the back of this report were joined by thousands of other fellow Americans all of whom contributed their personal experiences and their insight into removing the impediments to a drug-free America.

It should be noted that many gave not only of their time and effort, often traveling hundreds of miles to a regional or national meeting, they also incurred financial loss. Others risked retaliation personally or professionally to step forward and inform us.

We must follow the example of these committed people and profit from their guidance. We must assure that their solutions will be part of the national effort in the years to come. We must take what we have learned together and go forward and overcome those who would undermine our Nation.

This is a strong report which honestly reflects what we learned. In fighting a battle like this one, we cannot waste our resources or divert our energies by catering to special interests or bowing to bureaucratic turf wars. The White House Conference for a Drug Free America was a first in both its size and its scope. The Conference was not limited to insular or preconceived attitudes. It reflected integrated view points from many diverse groups and individuals. This diversity reflects the vision of the 100th Congress which created this unique opportunity. We appreciate the help and support of many individual Members of Congress and their staffs who have given us the benefit of their time, insight and expertise.

As Chairman, I also want to express appreciation to the outstanding Presidential Conferees, many of whom gave generously of their time and support to meet and help synthesize the massive amount of information gathered from the Conference. Their work and ours is not over. They are committed to assuring that the Conference is just the beginning of our assault on America's drug problem.

Finally, as Chairman, I wish to acknowledge the contribution of President Ronald Reagan and First Lady Nancy Reagan, whose inspirational leadership has helped change Americans' attitudes and spurred us to action. The First Lady, in particular, has devoted herself tirelessly to this effort.

The hopes and prayers of all of us involved in this undertaking are that we have made a valuable contribution to America's victory in the war on drugs.

I know I speak on behalf of all involved in giving our assurance that our dedication to achieving this victory will continue for years to come.

Lois Haight Herrington
Chairman
Washington, D.C.
June 1988

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FOREWORD

In 1986 the Congress passed and the President signed the Anti-Drug Abuse Act of 1986 (P.L. 99-570). One requirement of that legislation (Subtitle S of Title I) was the establishment of a White House Conference for a Drug Free America. The purposes of the Conference are as follows:

- "To share information and experiences in order to vigorously and directly attack drug abuse at all levels, local, State, Federal and international;
- "To bring public attention to those approaches to drug abuse education and prevention which have been successful in curbing drug abuse and those methods of treatment which have enabled drug abusers to become drug free;
- "To highlight the dimensions of the drug abuse crisis, to examine the progress made in dealing with such a crisis, and to assist in formulating a national strategy to thwart sale and solicitation of illicit drugs and to prevent and treat drug abuse; and
- "To examine the essential role of parents and family members in preventing the basic causes of drug abuse and in successful treatment efforts. (Section 1933)."

This legislation was implemented by President Ronald Reagan through Executive Order No. 12595 on May 5, 1987, which added a new purpose for the Conference: "to focus public attention on the importance of fostering a widespread attitude of intolerance for illegal drugs and their use throughout all segments of society." The results were to be presented in a Final Report to the President and the Congress. The report was to include "the findings and the recommendations of the Conference as well as proposals for any legislative action necessary to implement such recommendations."

The Conference was explicitly mandated to reach out to the American people —those on the front lines in the war against illicit drug use—and to "bring together individuals concerned with issues relating to drug abuse education, prevention, and treatment, and the production, trafficking, and distribution of illicit drugs." From the beginning, the Conference was designed to examine the impediments to, and opportunities for, achieving a drug-free America, and to offer Americans the opportunity to tell their stories, share their ideas, and help formulate a blueprint for the future.

The President appointed 127 citizens as "Conferees" on the basis of their experience and commitment to a drug-free society. They include members of the President's Cabinet; Members of Congress; State and local officials; law enforcement executives; drug prevention and treatment specialists; business leaders; educators; scientists, religious leaders; media and entertainment figures; athletic coaches and athletes; representatives of family groups; and, perhaps most important, young people. The Conferees constitute an integral part of the Conference, serving as advisers to the Conference on various aspects of the drug problem. By design, the Conferees helped develop the Conference findings and recommendations. They will also be active in following up on the recommendations to ensure they are implemented.

Before the regional conferences began, meetings were held with more than 60 Members of the House of Representatives, Senate, and staff from both parties to listen to their ideas about the Conference and their concerns about the problem of illegal drugs in general. In addition, the Chairman spent a substantial amount of time meeting and gathering information from members of the National Drug Policy Board as well as with Federal, State and local agency executives and members of various public and private organizations.

The White House Conference was assisted in its efforts by the detail of professional staff and by other valuable support from a number of Federal agencies including the Departments of Justice, State, Transportation, Education, Energy, Labor, Health and Human Services, Housing and Urban Development and Defense; the U.S. Customs Service; ACTION; Environmental Protection Agency; Office of Substance Abuse Prevention; and the National Institute of Drug Abuse.

The following working committees were established in the specific subject areas mandated by statute and executive order to conduct the substantive, analytical and developmental work:

Drug Prevention
Drug-Free Education
Drug Law Enforcement
Drug Treatment
Drug-Free Workplace
Drug-Free Transportation
Drug-Free Sports
Drug-Free Public Housing
Drug-Free Media and Entertainment
International Drug Control

Six regional meetings were held in late 1987 as follows: Omaha (November 1-4); Los Angeles (November 8-11); Cincinnati (November 15-18); Jacksonville (November 30–December 3); Albuquerque (December 6-9); and New York (December 14-16). Priority items for each meeting were the exchange of information and the development of recommendations in the various committees. Concurrent workshops, town hall meetings and public debates on the issue of drug testing were also part of the agenda. A special youth committee met to consider the problems and potential solutions for illicit drug use. Each committee reported back to a plenary session.

A National Meeting was held in Washington, D.C., from February 28 to March 3, 1988, to synthesize what had been learned in the regional meetings, to identify consensus, and to further consider controversial issues before the final report was written. President and Mrs. Reagan addressed the 2,000 Conference participants, as did a number of other notable Americans. Youth participation was an integral part of the National Conference, as more than 250 young people attended. A youth panel titled "A Message from Youth: Challenges, Concerns and Conclusions," was presented before all the participants.

In addition to a series of discussions on a wide range of critical issues, two important town hall forums addressed the question: "Are We Really Serious About Ending Illicit Drug Use in America?" One panel was composed of Members of the House and Senate who had been selected by congressional majority and minority leaders. The other panel consisted of Administration officials, including several members of the Cabinet and leaders of Federal antidrug efforts.

The Conference provided a unique opportunity for participants to meet directly with people who influence policy at national, State and local levels. The legislation and the executive order asked for the full participation of Cabinet members, other Federal leaders, and Members of Congress to ensure that participants would have access to national policymakers. Attendees were constantly encouraged to participate actively, thereby guaranteeing a full airing of opinions.

Because this was to be a "people's report," Americans from all across the country were invited to attend the meetings, which were open to all interested parties. Approximately 5,000 people attended one or more of the seven meetings. Input was also received in the form of letters, written testimony, phone calls, and brochures from hundreds of volunteers, parents, health practitioners, scholars, and students from all across the country. Throughout the Conference people were encouraged to present their views on the issues. By the end of the Conference, massive amounts of correspondence had been received.

The Conference was designed and conducted as a bipartisan effort, not tied to any political party or any ideological viewpoint. Opinions and wisdom from all sides were heard, discussed, debated, taken apart, and reassembled. The findings, recommendations, and rationale that follow were synthesized from the insight of dedicated Americans who took the time to participate.

The report begins with an overview of the findings of the White House Conference for a Drug Free America. It is followed by sections of recommendations from each of the 10 committees of the Conference, a section of recommendations for Federal Government reorganization and a section of Systemwide recommendations. Appendices of important material are attached to this report.

The recommendations reflect the consensus that developed at the seven conferences and at the Conferee meetings. Consensus means general substantive agreement, not necessarily unanimity in every case. Accordingly, it should not be assumed that every Conferee has contributed to or supports every recommendation contained in this report. Where strong opposing opinions were consistently expressed, those are reflected in the body of the report.

The Final Report of the White House Conference for a Drug Free America offers a grassroots view of our national drug problem and an agenda for the future. This is a "people's report," a collection of opinions and informed suggestions from people representing all walks of life. In these pages Americans are telling each other and our national leaders about the pervasiveness of illicit drug use and they are recommending steps which we can take to end this national shame.

OVERVIEW

The way in which we face the threat of drugs today may well determine the success or failure of our country in the future. As a people we have survived the Depression, civil and international war, and devastating disease; but now this country could dissolve, not because of an external threat, but because of our own failure to control illegal drug use.

Through inattention and self-delusion we are giving over near domination of our cities, our criminal justice system, our health and well-being, our children's future and perhaps in the end, our national character, to criminals and international drug dealers. It is impossible to overstate the danger drug use poses to our country and its citizens.

America is at war. We may lose this one. Our forces are outmanned, outgunned and outspent. Many Americans are trying to hold the line against the pushers and the users, but they and the Nation are in real danger of being overrun. Our losses include children born addicted, and other children recruited to crime before their teens by drug lords who use them to build a business of terrible violence and tremendous profit. We have drug dealers on our street corners, in our offices, on our college campuses and grade school playgrounds. We do not have to lose this war. Together we can do what Americans have always done, band together in the face of evil and beat it. But if we are to succeed we cannot wait; we cannot equivocate; we cannot minimize the risk. We are in nothing less than a fight for our national life, and we must commit ourselves to success. This cannot be a war of words or containment, but rather action and victory.

Before we can win the war, we must understand the enemy. This Overview addresses three areas: first, the scope of the problem; second, how we evolved to this intolerable situation; and third, some solutions.

The Scope of the Problem

Despite many well-intentioned efforts, millions of Americans use illegal drugs. Approximately 37 million used an illegal drug in the past year and 23 million, or almost 1 in every 10 Americans, used an illicit drug in the past month. The effects of this illegal drug use are staggering.

The relationship between drugs and crime is clear. It goes well beyond the commission of crime to support a habit. Drug use and trafficking breed both wanton violence and gangland revenge.

Drugs alter normal behavior. The use of illicit drugs affects moods and emotions; chemically alters the brain; and causes loss of control, paranoia, reduction of inhibition, and unprovoked anger. The high cost of drugs, coupled with most addicts' inability or unwillingness to perform satisfactory work on the job, is a link to robbery, burglary, assault and other crimes.

Study after study shows that two-thirds to three-quarters of persons arrested for other than drug charges tested positive for illegal drugs at the time of their arrest. In New York City in one period, 92 percent of those arrested for robbery and 80 percent of burglars tested positive for illegal drugs. Since January of this year more than 140 murders have occurred in Washington, D.C., alone; the vast majority of those homicides were drug-related. This is not just an isolated statistic, drug-related homicides are increasing dramatically across the Nation. Some murderers are even acknowledging their drug use and exploiting it as a defense. But there are other losses as well.

Drug use has victims beyond conventional crime. The 16 passengers who died last year on the Amtrak train wrecked by a conductor smoking marijuana on another train are victims. The tens of thousands killed or maimed annually by drug-using drivers are victims. Children beaten, abused or neglected by drug-using parents are victims. Children born addicted or abandoned at birth by drug-using mothers are victims.

Drug dealers recruit youngsters between 8 and 12 years old to work in the drug trade as spotters and lookouts, grooming some for more vicious criminal activity and greater responsibility in the trade. The lure of the easy money and the prestige afforded by wealth and its trappings compete for the loyalty of children challenged to choose between a life of school, employment and responsibility, on the one hand, and the glamour, expensive cars, and fast life of the drug lord, on the other.

Honest citizens see their children co-opted, their neighborhoods blighted, their values undermined. But speaking out is a dangerous enterprise. Retaliation is a very real consequence. Homes burn; children are threatened walking to school; pets disappear. Some who speak out die. Consequently, many remain fearfully silent. That is precisely the attitude the criminals hope to foster, and they have been doing very well at keeping too many Americans on the sidelines.

In the face of this, we have given new support to our drug enforcement efforts. In the past seven years the Federal Government has tripled the amount of money spent on drug enforcement. Enormous increases in illicit drug seizures followed. In 1987 alone, Federal enforcement agencies seized approximately 70 tons of cocaine, 1,400 pounds of heroin, 2.2 million pounds of marijuana. In recent years the number of Federal, State and local arrests, prosecutions, and convictions of drug-trafficking criminals has increased dramatically.

The staggering number of arrests and prosecutions is swamping our criminal justice system. The amount of time and resources diverted to drug enforcement leave many criminal matters unattended or delayed because our police, lawyers, and judges are inundated with drug cases. County jails and State and Federal prisons are filled to capacity. Officials must choose among criminals, all of whom merit incarceration, but many of whom must be released, endangering the public again, because there is no room in which to keep them.

And there are many other concerns. Illegal drug use results in a wide spectrum of extremely serious health problems. Acute problems include heart attack, stroke and sudden death–which, in the case of some drugs, such as cocaine, can occur after first-time usage.

Long lasting effects include disruption of normal heart rhythm and small lesions in the heart, high blood pressure, leaks of blood vessels in the brain, bleeding and destruction of brain cells and permanent memory loss, infertility, and impotency, immune system impairment, kidney failure and pulmonary damage in the case of marijuana and free-based cocaine. The carcinogenic effect of marijuana alone on the lungs is almost four times more deadly than regular cigarette smoking. Users of hallucinogens like PCP and LSD are playing Russian roulette with their brains. There is fetal damage if a mother uses drugs resulting in birth defects causing hyperactivity or neurological abnormalities requiring residential treatment for the newborn. Many children whose mothers use drugs during pregnancy experience a wide variety of developmental difficulties from which they may never recover. This is true in some cases even though the mother stopped her drug-taking as soon as she learned she was pregnant.

There is also a link to Acquired Immune Deficiency Syndrome (AIDS). The Centers for Disease Control have established that approximately 25 percent of all AIDS victims acquire the disease through intravenous drug use and the sharing of dirty needles. In New York City that figure is much higher.

Illegal drug use is prevalent in the workplace and endangers fellow workers, national security, public safety; company morale and production. Increasing health and insurance costs are predictable consequences of drug use on the job.

These are not only "assembly line" losses. Drugs tear away at our social fabric by impacting the professions: doctors, lawyers, investment bankers and university researchers. Those professionals and others who use drugs cannot compete, concentrate, produce or contribute to the great work of this Nation.

Illegal drug use drains billions of productive dollars from our national economy–dollars that wind up in the hands of the drug lords in America and overseas. This drug use reduces the gross national product and diverts funds from other things we want and need to do in this country. It is estimated that we spend more than $100 billion a year for costs related to illegal drugs.

Illicit drug use is responsible for a substantially higher tax rate to pay for local law enforcement protection, interdiction, border control, and the cost of investigation, prosecution, confinement and treatment. This drug use increases the cost of goods and services to pay for lower productivity, absenteeism, workplace accidents and theft. Illicit drug use adds enormously to the national cost of health care and rehabilitation services. At a time when the economic might of this Nation is being challenged as never before, we cannot tolerate this continual drain on our productivity and economic growth. How can we remain competitive, or become more so, in world markets, when the cost of doing business in this country is pushed even higher by illicit drug use in the workplace?

The mental and physical effects of illicit drug use on our children and future generations of Americans are frightening. Children are learning to take a pill for every ill. They adopt superficial values and seek instant gratification. Too many are turning on and tuning out, failing to learn and produce at the critical time in their lives when they desperately need to do so.

Clearly, the information about health effects makes the use of illicit drugs by any person a terribly risky proposition at best. But it is also important to consider what happens when drug use crosses the threshold into the home. It usually damages the family. Each member must cope with the ramifications of addiction, deception, crime, health problems and ruined lives. The family unit is strained and often ripped apart by illicit drug use, which leaves only pain and confusion in its wake.

Drug dealers are not the only villains. Users, by their choice to use drugs, provide the financial resources to support the dealers and pushers, as well as the international chain of corruption and destruction designed to channel drugs into our country. The simple decision to use illicit drugs keeps these criminals in business, allowing them to find and exploit new markets, as well as serve the markets they have already created. And with such high financial stakes, these criminals will stop at nothing, including murder, to stay in business. The assassination of Colombia's Attorney General Hoyas this year is but one example of their brazen ruthlessness. Drug users are directly responsible for supporting these criminal activities. The First Lady, Nancy Reagan, speaking at the National Meeting of the White House Conference, made this point clearly: "If you are a drug user, you're an accomplice to murder."

Users must accept responsibility for the path of corruption and destruction that results from illegal drug demand. The sale, possession and use of drugs are crimes. The hypocrisy of considering the pusher as a criminal but absolving the user is inconsistent and erroneous, sending mixed messages which confuse us all. If one is a crime, both are crimes and must have appropriate sanctions; yet today illicit drug users act with near impunity.

Our passive attitude toward the user must change. The demand in this country fuels all that is discussed in this report. The demand in this country drives the supply.

Our tolerance for illicit drug use provides access for dealers to distribute their wares. Our indifference indirectly leads to addiction and death. Some people have implicitly condoned drug use by turning a blind eye to illicit drug use; each time we do so we are guilty accomplices. Each time we do not report drug dealing we are guilty. Each time we tolerate the glorification of drugs on our television shows, in our movies, and in our rock concerts we are guilty. Each time we do not get outraged over senseless death and violence, we are guilty.

Strong local, State and Federal enforcement is important, but law enforcement authorities acknowledge that they can never stop the drug trade alone. They can never do much more than hold the line. As was pointed out repeatedly at the conferences, as long as Americans want illegal drugs, some people will always be willing, for the right price, to grow them, produce them, bring them across our borders and sell them.

The Etiology of the Problem

In the 1980's, therefore, we see massive amounts of illegal drugs, drug pushers, and kingpins controlling a large segment of United States resources; millions of innocent people victimized; an overburdened criminal justice system; staggering economic and social costs; and a deep erosion of the health of our people. How did we arrive at this intolerable situation?

In the 1960's and 1970's, Americans were passive about or, even worse, actively endorsed the use of illicit drugs. This misguided attitude has fostered an environment of tolerance and acceptance. As a result, drug use proliferated. It was considered chic and acceptable to take drugs, in fact people were considered to be rather square and hopelessly old-fashioned if they didn't indulge. Drugs were everywhere: the movies, the media, sporting events and locker rooms, chic parties, all the "in" spots in town. All combined to glamorize drug use, creating drug users among people not wanting to be left out. Many users were thought to be "sleepy souls" creating intellectual masterpieces under the effects of drugs. Drug use was considered a passport to the "good life", but in far too many cases the good life turned to death and despair. Incredibly, our country developed a climate in which ingestion of mind-altering poisons could be considered "recreational", solely a personal decision not affecting others, in other words, victimless.

America's social tolerance, for whatever reasons, allowed many people to ignore important health information about the dangers of illicit drug use. This was especially true of marijuana, our prime illicit gateway drug. More extensive data about health effects of drugs have only recently come to light. As one Conference participant said, "We sort of field-tested the American public for 20 years and then finally said, Aha! drugs are dangerous, addictive and deadly."

To put it mildly, a good many Americans did not think of illegal drug use as bad–morally, physically, or legally. Drug demand flourished and our social systems reflected our foolishness. We concentrated, or so we thought, on the pushers and dealers in our criminal justice system. In truth, our law enforcement effort was woefully inadequate. Nationally, less than 3 percent of the State and local law enforcement efforts were specifically devoted to drug enforcement.

Our courts were besieged with new evidentiary motions, and our attorneys were swamped with cases, as serious crime in the United States rose 332 percent in the 1960's and 1970's. During the same period, prison capacity in the United States rose only 27 percent. Because our custodial facilities did not keep pace with the crime threat, convicted offenders on probation or those released early because of overcrowding committed more and more crimes.

Many drug traffickers and pushers were not incarcerated because they were not thought of as violent offenders. In a 1985 study of 28 major jurisdictions, one-third of the drug traffickers were given straight probation, one-third received fines and local jail time of less than one year, and one-third were sent to prison. The most recent statistics on time *served* in prison for drug traffickers reflect approximately 18 months median time served in state prisons and 37 months median time served in the Federal system. Clearly these sanctions are not sufficient to control drug dealing, nor are they commensurate with the harm done. Drug criminals are getting enormously wealthy because crime is paying.

Prevention efforts were not understood and often only given lip service with few funds, resources or encouragement. Where outstanding local programs existed, they were not supported and highlighted for replication. Little training was available and successful approaches were seldom identified. Most programs were not coordinated within the community for a consistent, clear "no use," "zero tolerance" message from all segments.

The antidrug messages from the private sector and government were inconsistent and incoherent. Confusion in drug awareness messages, plus a paucity of information on the effectiveness of these messages, hindered the credibility of such efforts. We send mixed messages when we condemn illicit drug use on the one hand, yet imply that there can be responsible or "reasonable" drug use on the other hand.

Just as important is the mixed message sent by parents, teachers, community leaders and elected officials. Too often it has been a case of "do as I say and not as I do." When we tell children to say no to drugs, who sets the good example? Are we giving them anything to say yes to? We often fail to provide them with any moral framework or ethical background against which to measure their conduct. Too often we have told our children to "do your own thing," "decide for yourself." In what other area do we tell them "it's your decision whether or not to break the law"? We often gave facts but imparted no values.

Parents have not been well-informed about illegal drugs and many have abdicated much of their responsibility for teaching about the harmful health and moral aspects of illegal drug use to others. We have not encouraged and supported family participation in the fight against drug usage.

Treatment programs have been unable to meet the need. Some people thought any treatment was a panacea regardless of programs' low success rates, recidivism, the need for long-term aftercare, and incipient victimization and cost. Individual treatment needs were not taken into consideration. Some treatment programs substituted one drug for another.

Americans relied on treatment as *the* answer to the drug problem and deluded themselves that treatment was working well. In fact, the success rate for treatment on the whole was and is at present very low. There were and are some outstanding programs, but these have been few and far between. The mental health community took over the problem in the 1960's and 1970's, labeling users as sick and basically not responsible for their use. Expensive hospital treatment was popular, featuring short 30 to 60-day programs. Public agencies refused to recognize and acknowledge the worth of self help-programs and the need for aftercare.

The information our schools provided about drugs was too little and too late. Whereas the median age for first-time drug usage began at age 12, education programs were often geared primarily to high school students and were based on inappropriate, unfactual, fear-only messages. Although the Department of Education in the past two years has been instrumental in changing educational views regarding illegal drugs, a clear unequivocal "no use" message is not being heard in most classrooms. However, the American college campus remains an anomaly, supporting by tolerance and passivity illegal drug use, including alcohol use by minors.

In our general population there has been and there still is widespread use and acceptance of alcohol use by minors. Alcohol has not been clearly identified as an illegal drug for minors and alcohol and cigarettes were not understood as gateways to the use of other drugs. There has been increasing and significant polydrug use; mixing alcohol with one or more illegal drugs, notably marijuana, cocaine, crack and heroin, PCP, and LSD.

Our youngsters were not being brought in to help solve the problem. Adults were not listening to what messages youngsters say they hear. No one consulted young people in the search for realistic, honest responses to prevention and treatment efforts. Youngsters often had no parental supervision and no safe, drug-free places to go after school.

The entertainment and media industries, although now definitely changing for the better, too often glamorized and promoted drug use, particularly marijuana and cocaine, in broadcasts, films, video and music and did little to relay the hard data coming from the scientific community on the harmful effects of drugs.

Our national borders were besieged with more and more illegal drugs in innovative, creative, and difficult-to-detect transporters.

Our intelligence and interdicting agencies had few resources to handle the magnitude and seriousness of the drug problem.

Illegal drugs were not given sufficiently high priority in the formulation and conduct of U.S. foreign policy.

Overall in earlier years, Americans deluded themselves about the dangers and extent of illegal drug use and denied there was a problem. Denial was often based on ignorance and misinformation and was sometimes simply self-serving: no one wanted to admit to being the mayor of a city with a drug problem or the principal of a drug-ridden school. Few pastors or parents were willing to admit they had a problem in their midst. To do so was an admission that they were not doing their job well.

Some Solutions

The legalization of illicit drugs is not a solution, but rather a profound mistake. Legalization appears seductively simple and yet, like most simplistic solutions to complex problems, it would create problems even more difficult than it purports to solve. To legalize drugs is to make them more readily available, and as an inevitable consequence, more widely used, and this is simply unacceptable. Illicit drugs are far too destructive to the health of our citizens and the strength of our national character. If our methods for eliminating such a deadly force from within our midst are not working well, the answer lies in improving them–not in giving up and unleashing destruction in our land (see Systemwide Recommendation 1).

The balance of this Overview will highlight what we must do to rid ourselves of this debilitating evil. The number one national priority our Nation faces today is the need to eliminate illegal drug use.

- We want the resources of the United States mobilized to restore our freedom, safety, health, defense, economic stability, and moral values. Mobilization must take priority over all other issues.

- The President must establish a national leader, a National Drug Director, with nothing on the agenda but controlling illegal drugs. This Director will lead all Federal antidrug efforts and assist in the coordination of State and local efforts, as well as encourage private sector initiatives.

- A Presidential Drug Advisory Council of private citizens must be established.
- A National Drug Prevention Agency must be established, separate and apart from any existing agency, to emphasize, coordinate, and encourage prevention as the key to demand reduction.
- The U.S. national policy must be zero tolerance for illegal drugs.
- We must focus responsibility and sanctions on illegal drug users.
- Parents (or guardians) must be held responsible for their children's behavior.
- Appropriate drug testing is essential in the public and private sectors.
- All workplaces must have strong antidrug programs.
- Policy must be set to achieve drug-free schools.
- We must remove drugged drivers from our highways.
- The military must take a much more active role in reducing the flow of drugs in the country.
- The National Guard and military reservists must be used in domestic drug eradication programs.
- We should consider restructuring the U.S. international diplomatic and law enforcement functions to work with foreign governments to eradicate and destroy narcotic production and laboratory refinement sites.
- Media, entertainment and sports industries should ensure that they have effective self-regulatory standards to deglamorize drugs with strong industry sanctions.
- It is essential to have drug treatment that is adequate, affordable and accountable.
- We must take away the profit from the criminals through uniform and expeditious Federal and State asset seizure laws.
- State and local governments must increase criminal justice resources, build more prisons, and using existing facilities more creatively.
- Mandatory long-term prison sentences must be imposed for dealers, traffickers, manufacturers and distributors of illegal drugs.
- The religious community must get more actively involved.

These are but a few of the recommendations from the White House Conference for a Drug Free America. We have heard the question many times at our meetings, "Are we really serious about ending illicit drug use in America?" In other words, do we have the national commitment to win this war? Many believe we are not serious – all agree that we must get serious. That means we must have the will to win, and strive to fulfill that commitment in every possible way.

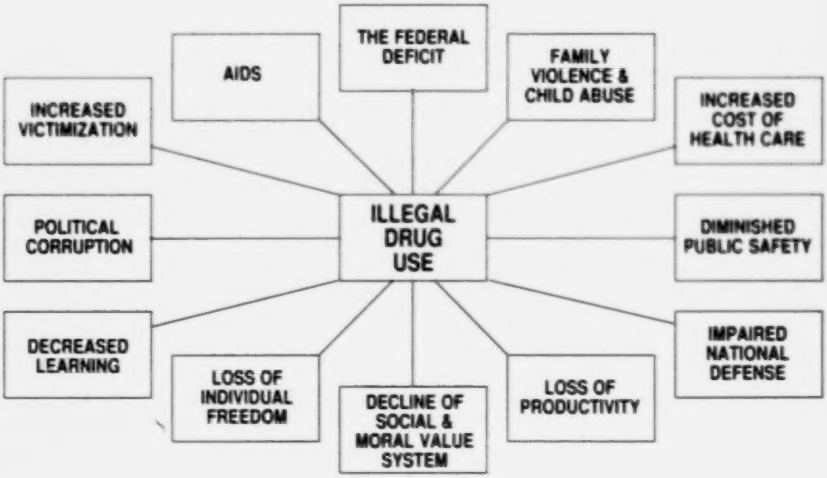
As Dr. Jeane Kirkpatrick said at our Conference, "When the Congress becomes as serious about the illegal [drug] trade as it is about the Iran Contra Affair, then we will know it. When our Executive Branch and our courts become as serious about violations of drug laws as they are about violations of the Internal Revenue Code, we'll know it, and so will everybody else."

When the average American condemns illegal drug use by their children, their neighbors, themselves; when we all refuse to buy products that sponsor magazines, movies and television programs glamorizing drugs; when we no longer name as heroes sports figures or entertainers who use drugs–we will all know we are serious about ending the use of illegal drugs in America.

Throughout the Conference we heard universal praise for the determined message First Lady Nancy Reagan has taken to the youth of this nation for over 7 years, to "Just Say No to Drugs." She has given us a rallying cry and set as a standard zero tolerance.

Attitudes are changing in the United States and we must keep the pressure on to persuade more Americans to join the war on drugs. We have had enough victims and losses in our nation. We must fight to win.

WE AMERICANS ARE ALL AFFECTED BY THE DRUG CRISIS IN MULTIPLE WAYS:


ILLEGAL DRUG USE
THE FEDERAL DEFICIT
AIDS
FAMILY VIOLENCE & CHILD ABUSE
INCREASED VICTIMIZATION
INCREASED COST OF HEALTH CARE
POLITICAL CORRUPTION
DIMINISHED PUBLIC SAFETY
DECREASED LEARNING
IMPAIRED NATIONAL DEFENSE
LOSS OF INDIVIDUAL FREEDOM
DECLINE OF SOCIAL & MORAL VALUE SYSTEM
LOSS OF PRODUCTIVITY

PREVENTION

We have a major obligation to create and maintain a drug-free society for the future health and well-being of the people of the United States. We can no longer deny the seriousness of the problem. The factors that produced this problem lie within us as individuals and within our social fabric. The forces needed to rid this country of its drug problem also reside within us. Without a demand for illegal drugs, there would be no illegal drugs. Our top social priority must be to prevent people from *ever* becoming involved in the use of illicit drugs, and our efforts must be continuous, long-term, and all inclusive.

The best strategy to combat illegal drug use is to prevent it from starting. Prevention begins with the family. It is imperative for us to realize that we must depend on our families for nurture, support, values, stability, and love. Family units must become energized and strengthened to develop positive mental attitudes, high motivation, and strong character in our youth. Yet illegal drug use is not simply a family problem, a health concern, a safety factor, or an awareness issue. Therefore prevention cannot be accomplished or sustained without the investment and commitment of all people. Prevention must be comprehensive involving all systems (educational, medical, law enforcement, religious, business, etc.). Each community must have a specific plan of action. We must involve our young people in helping to solve the problem.

Prevention efforts must be focused on programs and strategies that deal with individual risks and environmental conditions. Prevention promotes the positive "life skill" qualities of physical, spiritual, social, and emotional well-being for individuals through approaches such as awareness training, self-control, social intolerance, and alternative opportunities. Those Conference participants–both adults and youth–committed to prevention emphasize that although responsibility for stopping (or never starting) drug use ultimately rests with the individual, society must reinforce that responsibility in a variety of ways.

Drug testing, as a deterrent, must be recognized as an effective mechanism for prevention. Drug testing also helps identify drug use much earlier than it can be identified through other means, and early identification means a greater likelihood of derailing drug use. Sanctions, including but not limited to legal penalties, loss of privileges, civil actions, and social and peer disapproval, must be brought to bear against the drug user.

No single approach will be effective in all communities. Prevention is best achieved through multiple strategies that address the unique characteristics, cultural diversity, and structure found in each community in America. Drug prevention programs that are sensitive to cultural factors and to variations in the family unit are certain to be the most effective.

Recommendation 1. Parents and guardians must assume responsibility for preventing the use of illicit drugs by all persons within their family or household.

The family is the most important unit for the transmission of values, mores, and attitudes; the family should nurture and value all its members. A strong, stable, supportive, and nurturing family provides children with the optimal environmental conditions to grow, develop, mature, and learn to be productive, compassionate adults. Therefore, the family is the key element for the assurance of a drug-free society.

Most parents truly care about their children and do all they can to help their children grow to be productive members of the community. However, many parents are unaware that their children are confronted by strong peer pressure and other outside influences to use drugs and alcohol on a daily basis. Parents must take strong stands to counter these influences. Not only must they set the right example, provide appropriate guidance, and set limits of behavior, they must also understand that they are held accountable for their children's actions. Parenthood connotes responsibility. Parents cannot condone the involvement of their children in drugs or the drug trade, regardless of how innocuous they feel it is or how much they may benefit from it. They have a responsibility to know what and who their children are involved with. Parents who knowingly and willfully allow their children to participate in illicit drug activities are neglecting their parental responsibilities and contributing to the delinquency of their children.

The community must recognize this situation and take appropriate action to ensure that a variety of prevention and support services are available for the entire community. Responsible training in parenthood should be offered to prospective parents, and to parents at every phase of the child's development. Everyone must be offered information and training regarding the effects of drugs, signs of drug use, parental responsibilities, communication techniques, "empowerment" strategies, and parental skills. Parental support systems and drug-free activity centers must be available, and special efforts must be made to contact hard-to-reach and high-risk populations.

The community must provide parents the means to obtain the necessary knowledge and skills to prevent their children from becoming involved in drugs. Parents must have the opportunity of seeking help for themselves and for their children. For those parents who have the opportunity but ignore it by continuing to support their children's involvement with illegal drugs, other measures, such as referral to Child Protective Services or Family Court, must be considered.

Recommendation 2. The establishment and support of parent groups should be a priority for all communities.

The commitment, resources, and activities of parent groups have made a tremendous contribution to the prevention of drug use. It is well documented that when parents take a unified stand against illegal drug use, they can achieve a great deal. But misinformation about drugs abounds, and parents often become confused. We must strive to overcome the doubt, pessimism, and fear about illegal drug use that can cloud the vision of families. We must encourage parents not to wait until their children become involved in drugs before taking any action.

It is important for religious organizations, civic groups, and neighborhood businesses to promote the organization of parent groups that can provide the necessary education, training, and awareness. Parents working together can help one another, set rules of behavior for their children, make these rules clearly known, and enforce them consistently.

Recommendation 3. The President and the Congress should emphasize prevention as the major strategy for eliminating illicit drug use in this country.

Keeping people from ever using illicit drugs is the whole idea behind prevention strategies. The message is simple, but the process is complicated, and it requires long-term national commitment and long-term fiscal support. The efforts of law enforcement to reduce supply must complement the activities of prevention programs to reduce demand. Demand reduction must be the major strategy for the eradication of drugs in this society. A critical question is, "How can we reduce demand?" First, the President of the United States must assume personal responsibility for setting the tone, clarifying our position, and adopting a strong, straightforward, easy-to-understand policy that prevention is essential to rid this country of its drug problem. This policy must be backed by adequate funds, and it must be carried out by State and local governments through legislative and executive action.

All citizens must take prevention seriously and incorporate it into their daily lives, but the President and the Congress must see to it that there are "no use" messages in all Federal policies, procedures, regulations, and directives that are intended to deal with the drug problem in this country. Prevention strategies must similarly be integrated into all policies and procedures of State and local governments and the private sector.

Recommendation 4. All prevention initiatives that target young people should include the participation of youth in a meaningful way in the creation, development, and implementation of those programs.

Young participants in the Conference attested to the fact that many American youngsters from all economic, cultural and ethnic backgrounds, have made positive decisions to remain drug-free and to promote drug-free lifestyles. In addition to serving as role models for peers and younger children in school settings, sports, and other youth activities, these young people are actively engaged in developing and implementing a wide range of prevention initiatives in their communities. They expressed strong sentiment that every community has drug-free youth who are invaluable resources for effective local illegal drug use prevention efforts.

Many times, earnest efforts are expended to resolve the problem, but the very group to be helped is never consulted. If prevention programs are to respond directly to the needs of youth, young people should participate in the process from the inception to the completion.

Our youngsters are concerned about this country and its drug problem. Some have family or friends who use illegal drugs. Some have lost family or friends in accidents caused by drivers operating vehicles under the influence of alcohol or drugs. Some have lost classmates as a result of overdose or drug-related crime. As a result, our youngsters want to be actively involved in peer support systems and prevention activities within their neighborhoods and communities.

Prevention programs targeting youth should include strategies for reducing the risk factors associated with drug use–concentrating on helping youth in families with such a history, high risk youth, runaways and children living in areas of high concentration of drugs. These strategies should include improving academic performance, providing employment opportunities, and communication skills.

Communities should assess the need for drug-free positive alternatives for youth, as well as drug-free youth centers, and should mobilize government and private sector resources accordingly.

Above all, Federal, State, and local prevention authorities should collect, organize, and circulate the best and most current information about effective drug prevention and early intervention strategies for youngsters at high risk for drug use.

Recommendation 5. Public and private organizations should establish mechanisms to give recognition to youngsters who are drug-free and who promote a drug-free lifestyle.

Society is often unable to provide our youth with a drug-free environment; temptations and peer pressure to use drugs occur routinely. Despite education and awareness programs on the dangers of illicit drug use, many young people still become drug users. Fortunately, many more young people resist the lure of drugs and remain drug-free.

From the regional conferences on prevention, participants in the youth forum expressed the need for recognition to be given to youth who have always been drug-free and who promote a drug-free lifestyle. This suggestion was made in response to the attention given by the news media and society in general to previous users who have become drug-free. The youth who attended the conferences believe this attention sends mixed messages on the importance of being drug-free. They added that it is not easy for young people to say no, to go against the crowd, to leave or refuse to attend parties because they choose not to use drugs. In essence, the youth are asking adults to be responsive to the stresses and pressures in their lives and to acknowledge publicly those who go beyond saying no to drugs.

Schools, churches, community, and service organizations at the local level should initiate a mechanism to recognize outstanding drug-free projects by drug-free youth. The recognition helps young people feel a part of a larger group that is dedicated to a drug-free community. To be considered for recognition, a youngster would need to have demonstrated in a significant, concrete manner a sincere commitment to a drug-free lifestyle. Candidates for these awards would be recommended with letters of support documenting their projects.

Youth would plan and organize their drug-free projects with adult guidance and supervision. Some suggested drug-free projects are these:

- After-school and weekend gatherings (e.g., sports, dances, movies, plays, sing-alongs, hikes, and bike trips) should be organized not just once but as part of a program of activities, with community and parental support to make them as successful as possible.
- Older youth who often serve as role models, can organize activities for and with younger children. Such activities can be an excellent forum to demonstrate that growing up can be fun and drug-free.
- Communitywide improvement projects can be undertaken to clean up, paint, or repair playgrounds, recreation centers, gyms, and the like.

- Senior citizen centers can give youngsters a different perspective on their lives and on the importance of a healthy lifestyle; some centers provide a variety of opportunities for young people to help with ongoing activities.

- Youth can develop fund-raising projects to help support their activities; these projects can become learning and socializing experiences in and of themselves.

Recommendation 6. The bulk of the funding from public and private sources for prevention programs must be long-term and should be directed to the local level.

The problem of illicit drug use must be recognized as a responsibility that is shared by all citizens; all of us must be willing to commit ourselves to defeating the problem in our own locales. To prevent illegal use, resources and funding are needed from all levels of government and from private foundations, corporate organizations, and civic groups as well. Prevention specialists at the regional and national conferences emphasized that as long as funds remain inadequate, difficult to obtain, or short-term, gains will continue to be very limited.

The Federal Government needs to encourage State and local governments and the private sector to raise funds to develop programs within their own jurisdictions. The funding commitment at the grassroots level must be tailored to the drug problems in the particular community. The private sector should be challenged to match the Government contributions, and special incentives such as tax abatement, free meeting space, additional parking, and day care services should be offered to encourage private sector involvement. Funds should be targeted to prevention programs that have proved to be effective.

Recommendation 7. Congress should enact legislation to require strong accountability and evaluation for all federally funded prevention programs.

(See Systemwide Recommendation 4 for discussion)

Recommendation 8. Service organizations, business groups, private nonprofit agencies, parent groups, religious organizations and community coalitions should work together and with the schools to develop drug-free programs and activities for youth.

Preventing the use of illegal drugs is the responsibility of all community organizations. The church, the service organizations, community leaders, employers, and parent and youth groups–all can do something to ensure that there are challenging and productive drug-free activities and learning opportunities for each member of the community. Every interest group and every service organization should have its own organizational effort against drugs. Many groups are already involved in drug prevention activities. For example the Elks, Lions, Kiwanis, Parent Teachers Association, all have been involved in a variety of drug prevention activities. These groups need to redouble their activities and those not involved need to get involved. Organizations must coordinate their activities and ensure they work cooperatively with the schools. Some of the activities that these organizations can encourage are as follows:

- *Development of Drug-Free Youth Centers.* There is growing research evidence that the longer a youth remains free of alcohol use the more likely it is that the young person will never use illegal drugs. Young people who participated in the White House Conference for a Drug Free America emphasized the tremendous need for community centers to provide a drug-free environment for youth activities. Conference participants emphasized that "youth centers," which would establish a clear "no use" drug policy are needed for children between the ages of 6 to 18 years in all communities. Boys Clubs, Boys and Girls Clubs, Youth to Youth, PRIDE, and Just Say No Clubs are examples of groups across the Nation that have as their main goal keeping young people drug-free through organized activities.

  The youth centers can provide opportunities for positive peer pressure, development of healthy life-styles, and greater self-esteem while the young people also have fun. Therefore the activities of the center do not have to be directly related to drug prevention, but *all* programs must carry a strong "no use" message. Many buildings are in place but are inadequately staffed. The private sector and service organizations could assist by providing volunteers and by permitting their employees time off to work in these centers. Private sector resources should be used to create and support these youth centers.

- *Development and distribution of drug-related information.* One of the keys to effective drug prevention is education and awareness. Before people change their attitudes and perspectives about an issue they need to fully understand it. Service organizations, churches and employers can assist in this endeavor by developing and distributing information pamphlets or brochures to their employees or members. They can sponsor workshops or seminars on the drug issue for their own constituencies and the community.

- *Use of facilities and staff.* Many service organizations, community groups, businesses, and private nonprofit organizations have buildings that can be used to host seminars or self-help groups. In addition, many persons belonging to these groups are knowledgeable about various aspects of the drug problem and would be a tremendous asset to the community as speakers or consultants.

- *Assistance in funding.* Service organizations can provide funding support for a variety of activities in the prevention and education areas. Some groups have developed and supported programs that build character, instill values and improve self-esteem.

> **Recommendation 9. Prevention strategies that are designed to serve the ethnic minority populations should be relevant to the culture of the target population, should be adequately funded, should incorporate technical assistance as necessary, should take into account the community's development and history, and should adapt the approach to the environment.**

Effective prevention programs reflect sensitivity to the target population's family structure and value system and to the community's development and history, particularly as they relate to the underlying problems of poverty, racism, societal deprivation, and environmental conditions.

- *Cultural relevance.* For each ethnic minority population, the materials must be consistent with the language, style, and customs of that population.

- *Adequate Funding.* Federal, State, and local grant programs should designate greater resources to these communities in order to identify new options, innovative strategies and model projects. Private sector funds must be earmarked for intensive recruitment and development of leadership from within the community, as well as for public awareness and education campaigns for parents, youth, educators, religious leaders, and small business leaders.

- *Special technical assistance.* Groups and organizations from within the community desiring to establish prevention programs should have technical assistance program planning, organization capabilities, administrative monitoring, and marketing of the program. In addition, to ensure that applications for funding are competitive, technical assistance in fiscal management, evaluation techniques, and staff development should be provided as necessary.

- *Community development and history.* To build ethnic minority community coalitions and provide prevention services, it is important to recognize the unique development and history of a given community. There are a variety of reasons why these populations may be underserved; one of the more obvious is the location of programs. Many people who need help live in low-income or poverty-level areas, and because public transportation is poor they do not have easy access to prevention programs outside their neighborhoods. Moreover, history of the community (migration, immigration, urban renewal, industrial housing) will determine the degree of receptiveness the local population will demonstrate for prevention efforts.

- *Adaptation of prevention strategies to a variety of settings.* Recreation facilities, church groups, health facilities, drug treatment programs, and other organizations should incorporate prevention strategies into their programs of activity.

Recommendation 10. Professional service providers (physicians, nurses, teachers, social workers) and judges should receive training in prevention and early intervention strategies to deal with illegal drug problems.

Professional service providers work daily with persons who require health care and social services that result directly or indirectly from illicit drug use; they often work with children who are abused, neglected, or abandoned by drug users. There is a growing demand for a strong prevention strategy in the areas of health care, education, and social services. Procedures and protocols on drug prevention, systems intervention, and case management are needed to make sure children are protected.

At routine visits for health care, patients should receive advice, materials, and guidance on appropriate strategies to ensure and maintain a healthy, drug-free environment. All health care providers must deliver clear and consistent messages of "no use" of illicit drugs.

Health care, education, and social service facilities such as hospitals, offices of private practitioners, clinics, public health agencies and public or private social service institutions should make sure that all professional staff members receive training in the prevention of drug use. All staff must be knowledgeable and ready to provide referral sources for families in need.

Children who are in the protective services system, the foster care system, or group homes as a result of a drug-abusive home environment are particularly vulnerable to a continuing cycle of drug use and other social problems. Because the risks of drug use vary throughout the life cycle (maturing adults to the elderly population), prevention strategies should also be provided for older persons.

All institutions that train professional service providers should offer continuing education and certification courses establishing minimum standards for professional service providers in prevention education and early intervention on behalf of youth with drug and alcohol problems. Professional organizations should reinforce the importance of education in this area for their members and take the necessary steps to accelerate and validate this training.

Federal funds should be directed to support training programs for health care, education, and social service providers.

> **Recommendation 11. Concrete actions must be taken immediately to discourage all young people from using alcohol and tobacco. These actions should include clear and consistent "no use" messages concerning alcohol and tobacco, content and warning labels on alcoholic beverages, stronger enforcement of purchase and public possession of alcohol laws for minors, and restriction of alcohol and tobacco advertising according to existing industry guidelines.**

Despite all our efforts to reduce illegal drug use, alcohol consumption by young people in the United States remains at epidemic proportions, and alcohol-related accidents are the principal killer of our youth. The Surgeon General's Report, issued May 1988, supports the fact that cigarettes and other forms of tobacco are addicting; it is the drug nicotine in tobacco that causes the addiction.

Because alcohol and tobacco are legal substances for adults, they are relatively available, confusing, and tempting to our young people. Many young people are either unaware that certain beverages contain alcohol or they believe that by consuming these beverages they are demonstrating "maturity."

At the regional and national conferences, it was repeatedly emphasized that alcohol and tobacco are gateway drugs and must be considered as such. Alcohol is illegal for minors for a reason; it interferes with the developing body and can cause addiction more quickly in young people than in adults. The development of a tolerance to the effects of alcohol is due to the adaptive changes within the body.

- *"No use" messages.* Peer pressure encourages the use of alcohol and tobacco. Young people often brag about how much beer they drank, how drunk they got, or what type of behavior they displayed while under the influence of alcohol. Many youth see nothing wrong with underage drinking or smoking.

  This behavior will not change until it becomes socially unacceptable for minors to drink and smoke. We must be unyielding when it comes to underage drinking and smoking. There must be a consistent and clear "no use" message on alcohol and tobacco consumption by underage youth. This message must be stated repeatedly by all adults and by every level of government.

- *Restriction of alcohol and tobacco advertising.* Alcohol and tobacco are illegal drugs for youth. These drugs not only have adverse health consequences but are, for many youth, "gateway drugs" that lead to use of other, more potent and harmful drugs. (See *National Trends in Drug Use and Related Factors Among American High School Students and Young Adults, 1975-1986*). The media influence the behavior, attitudes, and perceptions of youth. Although in many areas and on many issues this influence has been positive and productive, this influence can also be extremely harmful. Alcohol and tobacco advertising is a case in point.

  Many young people form their perceptions of alcohol and tobacco through the media. They have been led to believe that drinking and smoking are "glamorous," the "in thing," or "macho." As a result, many have begun to use alcohol and tobacco. Many people in the alcohol and media industries recognize they have a responsibility to conduct accurate and responsible advertising and have developed appropriate guidelines. Unfortunately, not all the media have accepted the need to use them.

  The issue of alcohol and tobacco advertising came up repeatedly at the regional and national conference. Some persons believe the issue should not be discussed at all since they felt it was unrelated to illicit drugs and therefore beyond the purview of the Conference. There was, however, widespread and strong sentiment expressed that immediate steps should be taken to ban all forms of tobacco advertising and to ban all alcohol advertising on radio and television. Still others, recognizing that there is currently no hard liquor advertising on television and radio, objected to a ban on wine and beer advertising and tobacco advertising. Many people repeatedly noted that while the alcohol industry has self-imposed advertising codes aimed at protecting youth, they felt these codes are honored in the breach and that they have not constituted an adequate solution.

  Some people felt that there was not a balanced presentation because positive media efforts were not taken into consideration. Consensus was never reached on an advertising ban. However, there was a consensus that alcohol is an illegal drug for young people, that tobacco and alcohol are recognized as "gateway" drugs and that advertising directed to use by young people must be restricted.

  Absence a consensus on a ban on advertising, there was consensus that the media must work together with the industry to ensure the existing industry guidelines are followed in order to help protect youth. These guidelines are:

1. To ensure that no advertisement has appeal to persons below the legal drinking age, by –

   –using models and personalities who appear well over the legal drinking age;

–not appearing in youth-oriented magazines, newspapers, television programs, radio programs, or other media specifically oriented to youth;

–not suggesting that the alcoholic product resembles or is similar to any nonalcoholic product;

–not presenting alcohol as necessary for, or associated with, "rites of passage" to adulthood; and

–not using current or traditional heroes of the young, or amateur or professional sports celebrities, in alcohol advertisements.

2. To ensure that there is no relationship suggested between alcohol consumption and success, happiness or achievement, by –

–not depicting alcohol as vital to social acceptability and popularity;

–not suggesting that alcohol is important for successful entertainment; and

–not suggesting that alcohol is essential to personal performance, social attainment, achievement, success, or wealth.

3. To encourage the proper use of alcohol by –

–not depicting excessive drinking (or *not* depicting it as amusing);

–discussing the effects that alcohol may produce; and

–ensuring that alcohol advertising is adult-oriented and socially responsible.

There was considerable reservation expressed as to whether the guidelines would be followed. If, within a short time, it is found that these guidelines are not being followed, more restrictive measures such as legislation should be taken.

- *Content and warning labels.* All alcoholic beverage containers and advertisements must clearly indicate the percentage of alcohol in the beverage and state that it is an illegal substance for minors. Many beers contain no information on alcohol content. Many "coolers" are sold in containers similar to those for soft drinks, and nonalcoholic wine and beer have become popular, so the line between products that contain alcohol and those that do not is blurred. (A recent *Weekly Reader* survey found that many elementary students did not know that coolers contained alcohol.) Each alcohol product should be clearly labeled to remove any doubt and to clarify its use as a beverage for adults.

- *Strict laws and strong enforcement.* Laws regarding underage drinking and smoking must be stricter and the fines much heavier. Several States have enacted laws delaying receipt of a drivers license or suspending the driver's license for those under 21 convicted of alcohol and drug offenses; these laws need to be adopted by every State in the Nation. The consequences of taking such risks should be so great they become major deterrent factors to prevent youth from intentionally breaking the law.

Recommendation 12. Coordination of all efforts to prevent drug use should be encouraged at National, State, and local levels.

Prevention programming is conducted on all levels, Federal, State, and local, by a host of different agencies. At the Federal level, 12 departments and agencies are involved in some way in drug prevention programs. At the State level, these efforts are often duplicated by even more State agencies. Different agencies, groups, and organizations from various fields–such as education, law enforcement, justice, health care, and services to the family, engage in prevention activities. In order to avoid overlapping, inconsistent, or fragmented approaches, as well as wasted human and financial resources, people at each level need to know about program activities of every level. With greater knowledge, resources can be maximized at each level.

At the Federal level, there must be a central authority to eliminate demand for illicit drugs. As proposed in the Federal Reorganization section the establishment of a Federal drug prevention organization would have as one of its major functions the coordination of all Federal drug prevention activities.

At the State level, each State must develop and implement plans for State agency coordination of drug prevention efforts in order to qualify for Federal drug prevention funds.

Recommendation 13. Local elected officials or other leadership should develop community-based prevention councils to plan and coordinate prevention activities, promote innovative programs, develop stable funding sources and disseminate current information.

At the local level, youth groups, schools, service clubs, churches and other organizations engage in drug prevention activity or work with populations that comprise important audiences for drug prevention. All the groups working in the drug prevention area have the same basic goal: ensuring that their respective constituencies do not get involved in drugs. It is very important that they work together, and that they work with the most accurate and up to date information to avoid duplicative or wasteful efforts.

In order to accomplish this the chief executive or other leadership of each community or regional authority should develop community-based councils. These councils, under the leadership of the chief executive would be responsible for developing appropriate prevention strategies, coordinating local prevention agencies, assessing local service needs, and recruiting volunteers. The councils would serve as the primary vehicles to work with local governments to reduce delays in obtaining permits and licenses, to obtain property and to identify funding sources. In addition the councils can make certain that effective collaboration with the local chapters of national and state youth-serving organizations routinely occurs.

Recommendation 14. The Federal Government should provide substantially greater resources for prevention research, should disseminate the translation of research findings and should establish national and regional prevention development centers.

Drug prevention is a rapidly evolving discipline. The one dimensional programs of a decade (or so) ago have evolved into a variety of multifaceted strategies that focus not only on the individual but also the family, the school, the church and the community. In a short period of time prevention has moved from a secondary position or supporting role to be the major strategy for ending the use of illegal drugs. As such, it is essential that adequate research in the prevention area be conducted and that policy makers and prevention program developers have the benefit of the best research and evaluation findings. Prevention development centers should be established at the national and regional levels to help stimulate the best thinking in theory, research, program development and training, and to provide information and technical assistance to policy makers and program developers on effective prevention efforts. The centers should also ensure that all research and evaluation findings are translated into formats that can be easily used. These centers should be developed as a partnership; Federal, state and local governments working with and combining resources with members of the corporate and private non-profit sectors.

Examples of Prevention Programs and Resources

The programs cited in this section are just a few examples of the many prevention program concerned and dedicated Americans are conducting to reduce drug abuse in our nation. The list is by no means complete.

1. BOYS CLUBS OF AMERICA

771 First Avenue
New York, New York 10017
CONTACT: **Jeremiah Milbanks**
(212) 351-5900

Boys Clubs is a nonprofit national youth organization for boys and girls 6-18 years of age. It is structured and designed to assist young people to develop self-esteem, skills and motivation to lead productive lives.

2. TEXANS' WAR ON DRUGS (TWOD)
TEXANS' YOUTH IN ACTION (TYIA)

1104 Research Blvd.
Building D, Suite 200
Austin, Texas 78759
CONTACT: **General Robinson Risner**
(512) 343-6950

Texans' War on Drugs is a statewide illegal drug use prevention organization that encourages each community to address its drug problem through education programs targeting children, parents, schools and other community/neighborhood influences.

Texans' Youth in Action is the youth component of TWOD. It promotes the philosophy of youth reaching youth to develop positive peer influence. TYIA works with young people across the State to educate peers on the dangers of drug use, which includes alcohol, and to promote drug-free life-styles.

3. PRIDE

100 Edgewood Avenue
Suite 1002
Atlanta, Georgia 30303
CONTACT: **Thomas Gleaton**
(404) 658-2548

PRIDE is a national and international non-profit organization that provides information on drug prevention education for parent and youth. A toll-free line (1-800-241-7946) is available during business hours, with tape-recorded messages after 5:00 p.m. They also offer consultant services, conducts an annual conference, and publishes a newsletter and youth handbook.

4. PROJECT STAR

9233 Ward Parkway
Suite 225
Kansas City, Missouri 64114
CONTACT: Calvin Cormack
(816) 363-8604

Project STAR is a nonprofit drug prevention education program that provides a 10-lesson drug prevention curriculum taught in the sixth or seventh grade with a one year followup program. Parent and community support are important elements of the program. It includes a citywide prevention effort to help young people recognize and resist the strong social pressure to become involved in drugs and alcohol.

5. NATIONAL FEDERATION OF PARENTS FOR DRUG FREE YOUTH

8730 Georgia Avenue
Suite 200
Silver Spring, Maryland 20910
CONTACT: Karl Bernstein
(301) 585-5437

NFP is a nonprofit membership organization of parents and other concerned citizens who are committed to preventing alcohol and other drug use by our young people. NFP has a parent networking component, a materials clearinghouse, and a youth training seminar (REACH AMERICA).

6. JUST SAY NO FOUNDATION

1777 N. California Blvd.
Walnut Creek, California 94596
CONTACT: Tom Adams
(415) 939-6666
(800) 258-2766 (outside California)

The Just Say No (JSN) Foundation is a nonprofit, national, and international research-based, drug prevention program for children and teenagers. The program offers youth the opportunity to join Just Say No Clubs, where members gain information, skills, and support to resist peer pressure and other influences to use drugs. It provides a program of educational, recreational and service activities designed to foster and reinforce the attitude of intolerance toward drugs and drug use. The foundation supports and offers JSN clubs, materials, a handbook, a club book, a quarterly newsletter, onsite training, and the coordination of JSN events, such as the annual "Walk Against Drugs."

7. RICHMOND MAXI-CENTER

Outpatient and Prevention
3626 Balboa Street
San Francisco, California 94121
CONTACT: Herbert Wong
(415) 668-5955

The Richmond Maxi-Center is a nonprofit center that provides a variety of professional services to assist in promoting and maintaining psychological and emotional well-being among adults, children and adolescents. This agency predominately serves the Asian-Pacific population with a multicultural and multilingual staff.

8. QUEST INTERNATIONAL

506 Jones Road
Grandville, Ohio 43055
CONTACT: Rick Little
(614) 587-2800

Quest International is a nonprofit educational organization that addresses the sources of a variety of problems and issues among the world's youth such as alienation, alcohol and other drug use, teenage pregnancy and school dropouts. Quest's programs and services are designed to encourage the healthy development of young people by equipping them with skills for leadership, service to others, and effective relationships. Quest's commitment is to parents, teachers and other adults as well as to young people. A range of services are provided in conjunction with Quest's programs: a preparation workshop, technical assistance, and in-service training on teaching and leadership skills. Quest publishes books, materials, and audiovisual items, plus a quarterly newsletter.

9. NATIONAL CRIME PREVENTION COUNCIL (NCPC)

733 15th St., N.W.
Suite 540
Washington, D.C. 20005
CONTACT: Faye Warren
(202) 393-7141

The National Crime Prevention Council offers a number of drug abuse prevention materials. The McGruff Puppet Program "Drug Prevention and Child Protection Program" features a puppet version of messages and songs for children, from Kindergarten through grade six. The 32-lesson curriculum which is designed to cover a full year includes 12 drug or alcohol abuse prevention lessons for each grade level.

The Council also offers a drug abuse prevention kit, which is a multimedia package for elementary school age children contains cassette, puzzles, games, and activity sheets. This is available from the center as is a monthly newsletter for interested adults on a free basis.

10. INSTITUTE ON BLACK CHEMICAL ABUSE

2614 Nicollet Avenue South
Minneapolis, Minnesota 55408
CONTACT: Peter Bell
(612) 871-7878

The Institute is a nonprofit national and international organization that addresses the alcohol and drug abuse problems of the black community far all age groups. It *offers prevention, intervention and assessment, treatment, and public education programs. Training and internship seminars are available on an on-going basis throughout the year. Materials are provided through its resource center, and a free quarterly newsletter is sent on a free subscription basis.*

11. YOUTH TO YOUTH

700 Bryden Road
Columbus, Ohio 43215
CONTACT: Robin Seymour
(614) 224-4506

Youth to Youth is an international, nonprofit drug prevention education organization with groups for youth in grades 6 to 8 and grades 9 through 12; with college age students acting as group leaders. Youth to Youth has instructional seminars for youth and parents on forming their own drug prevention program. A resource center provides training manuals, videos and other materials. A free quarterly newsletter is available . The group holds regional and national conferences yearly.

12. CHEMICAL PEOPLE INSTITUTE

Duquesne University
Pittsburgh, Pennsylvania 15282
CONTACT: Sister Michele O'Leary
(412) 391-0900

The Chemical People Institute is a nonprofit organization committed to leading the communities toward awareness, understanding, and action concerning alcohol and other drug problems through the promotion of community task forces. The Institute, which provides community outreach, education and research has an information center and video library in addition to a speakers' bureau. Adults can receive training on the effects of drug and alcohol use through community awareness and development programs.

13. NATIONAL PREVENTION TASK FORCE

493 Selby Avenue
St. Paul, Minnesota 55102
CONTACT: Roxie Lerner
(612) 227-4031

The National Prevention Task Force is a nonprofit organization designed to lencourage dissemination and evaluation of drug abuse information among nongovernment drug and alcohol prevention professionals.

14. CHILDREN ARE PEOPLE, INC.

493 Selby Avenue
St. Paul, Minnesota 55102
CONTACT: Barbara Naiditch
(612) 227-4031

Children Are People, Inc. is a nonprofit drug and alcohol prevention program for elementary school children and their parents. It includes an intervention model with training and materials to assist children from chemically dependent families. Teacher training components are available for both programs. Seminars and conferences are held on a regular basis. Materials are available without training through the address listed above.

15. COSSMHO

1030 15th Street, N.W.
Suite 1053
Washington, D.C. 20005
CONTACT: Jane Delgado
(202) 371-2100

COSSMHO is a national, nonprofit organization that promotes the health and well-being of the Hispanic community. It conducts demonstration and training programs in the areas of diabetes, provider education, AIDS education and prevention, substance abuse prevention, teen pregnancy, child abuse/neglect prevention and family strengthening. A materials development program provides books, brochures curricula and training materials. The Reporter newsletter is available quarterly and reports on COSSMHO activities and health-related information.

16. INDIAN ALCOHOLISM COUNSELING AND RECOVERY HOUSE PROGRAM

375 South 300 West
Salt Lake City, Utah 84101
CONTACT: Dennis Taylor
(801) 328-8515

Indian Alcoholism Counseling and Recovery House Program is a private non-profit drug and alcoholism residential treatment program with primary and secondary alcohol and drug use prevention components for American Indians of all ages. The prevention program works with youth and parents to provide education and guidance about Indian traditions through a combination of education classes, alternative activities, culturally specific programs, support groups and community functions. In addition, parenting and life skills training classes are provided for all ages.

17. WEST DALLAS COMMUNITY CENTER

West Dallas Community Center
8200 Brookriver Drive
Suite N0614
Dallas, Texas 75247
CONTACT: Leonard Long
(214)630-6281

The West Dallas Community Center is a nonprofit drug and alcohol prevention program for Black and Hispanic youth ages 6 thru 18 years. The center emphasizes the motto, "Developing Youth Potential Is Our Business." It works with young people through an urban team concept to help youth develop positive career goals, to solve their own problems and to mobilize youth to become involved in daily programs in their community.

18. RAMAPO COUNSELING CENTER

288 North Main Street
Spring Valley, N.Y. 10977
CONTACT: George Doering, Jr.
914-352-8900

The Ramapo Youth Counseling Services provides drug prevention, intervention and treatment services for individuals, family, and groups. Outreach programs offer drug use, awareness and prevention information to the judiciary, law enforcement, schools, and community. Materials are available to the public through the resource center.

19. PROJECT GRADUATION

National Highway Traffic Safety Administration
NTSO-1
400 7th St., S.W.
Washington, D.C. 20590
CONTACT: Karen Dodge
(202) 366-1755

Project Graduation is a federal publication on the promotion and development of safe graduation parties free of alcohol and drugs. The publication is a popular guide to getting started, what to do, generating interest and support, and organizing committees. The guide is available free by writing to the address listed above.

20. FAMILIES IN ACTION

Suite 300
3845 No. Druid Hills Road
Decatur, Georgia 30033
CONTACT: Sue Rusche
(404) 325-5799

Families In Action is a nonprofit National Drug Information Center organized to provide assistance to parents and others on the risks of drug use. The center offers materials for families on drug information and prevention. Also, a "Families in Action" booklet is available for organizing local communities to prevent drug use.

21. THE CHEMICAL AWARENESS TRAINING INSTITUTE

21 Muriel
Phoenix, Arizona 85022
CONTACT: Cheryl Watkins
(602)863-9671

The Chemical Awareness Training Institute is a non-profit national organization which specializes in student assistance program training for grades 7 through 12. The Institute offers student assistance and group facilitator training for educators and other interested adults, and technical assistance to schools for alcohol and drug use and other related student problems. Training materials and student assistance manuals are available through the Institute.

22. SMART MOVES

771 First Avenue
New York, New York 10017
CONTACT: Gale V. Barrett-Kavanagh
(212) 351-5910

This national program is a component of the Boys Club that is focused on prevention of alcohol use, drug use and pregnancy among young people. It is geared toward early adolescents age 10-15 years and has a special component for parents.

23. COMMITTEES OF CORRESPONDENCE

57 Conant Street
Room 113
Danvers, Massachusetts 01923
CONTACT: Connie Moulton
617-774-2641

COMMITTEES OF CORRESPONDENCE is a non-profit, D.O.E. approved, drug education resource organization disseminating up-to-date, relating to current drug use issues. Items available include: a basic information kit containing educational fact sheets, pamphlets and brochures; and a 125 page, periodically updated drug prevention resource manual, including age appropriate reading and audio/visual recommendations along with special resources for parents, educators, librarians and health professionals.

24. Community Drug Education System

Luby's Cafeteria
Marketing Department
P.O. Box 33069
San Antonio, Texas 78265
CONTACT: Bud Schrader
(512) 654-9000

The Community Drug Education System is a drug and alcohol prevention education program developed by Luby's Cafeteria, Inc., in which cafeteria visitors are given a "menu" of 54 drug and alcohol prevention messages. These messages, including a local referral service, can be accessed using a touch-tone phone. Public school students in the 21 market areas served receive prevention menus of their own as well.

25. Girl Scouts of the USA

830 3rd Avenue
New York, New York 10022
CONTACT: Verna Simpkins
(212)940-7500

Girl Scouts is a nonprofit national youth organization for girls ages 5 through 17. Their drug awareness program, "Tune In to Well-Being, Say No to Drugs" includes a 16 page booklet with a glossary and a resource guide with age-appropriate activities.

26. Campfire, Inc.

4601 Madison Avenue
Kansas City, Missouri 64112
CONTACT: Connie Coutellier
(816)756-1950

Campfire is a national non-profit youth organization which serves boys and girls. The drug education and awareness program, "I'm Peer Proof" is a six-part series which emphasizes role-playing and stresses the local environment. The program is designed to develop self-reliance in youth who are involved in both positive or negative peer relationships. The program is targeted for grades 4 through 6 and junior high school students.

27. The National 4-H Council

7100 Connecticut Avenue
Chevy Chase, Maryland 20815
CONTACT: National 4-H Council
(301)961-2800

The 4-H Council is a non-profit national organization for youth 9 to 19 years of age. Their drug and alcohol prevention program includes a variety of materials for youth as well as teacher and volunteer leader handbooks and a training component.

28. Boy Scouts of America

1325 Walnut Hill Lane
Irving, Texas 75038-3096
CONTACT: Brenda Sullivan
214-580-2000

The Boy Scouts of America (BSA) has initiated a major effort aimed at educating people about the dangers of drug abuse. The campaign - "Drugs: A Deadly Game" is directed toward all youth, whether or not they are involved in Scouting. "The BSA package contains; a color booklet, a 16 minute video, a poster, a Teacher Guide and a student activity worksheet.

29. National Asian Pacific American Families Against Substance Abuse

6303 Friendship Court
Bethesda, Maryland 20857
CONTACT: Patrick Okura
(301) 530-0945

The National Asian Pacific American Families Against Substance Abuse is a nonprofit organization which is committed to eliminating alcohol and drug use among Asian Pacific American families.

30. Unfoldment

2605 Wade Road, S.E.
Washington, D.C. 20020
CONTACT: Baker E. Morten
(202) 561-2992

Unfoldment is a nonprofit antidrug use program designed to reduce jubenile crime. This program offers a variety of reading-enrichment and drug-prevention programs to encourage positive self-esteem in young children and adolescents.

31. National Hispanic Family Against Drug Abuse

1511 K Street, N.W.
Washington, D.C. 20005
CONTACT: Rodolfo B. Sanchez
(202) 393-5136

The National Hispanic Family Against Drug Abuse is a nonprofit alliance of individuals, organizations and communities working together as partners for a drug free future.

32. Within You, Inc.

3101 A Sacramento Street
Berkeley, California 94702
CONTACT: Joan Brann
(415) 848-0845

Within You, Inc., is a nonprofit drug prevention program for young people. They concentrate their efforts on enhancing and improving the attitudes, behavior and character of youth. Programs are offered to school organizations, housing projects, churches and other community organizations.

33. La Frontera Center, Inc.

502 West 29th Street
Tucson, Arizona 85713-3394
CONTACT: Nelba Chavez
(602) 884-9920

La Fontera Center Inc., is a comprehensive community mental health center providing mental health, drug and alcoholism prevention and treatment to individuals and families.

EDUCATION

It is a truism that nothing is more important to the future of the United States than our children–our greatest resource. If our society is to be productive and creative, we must safeguard our children's right to grow and learn in a drug-free environment; we must prepare them to reject the use of illegal drugs in their own lives. Ways to achieve this goal were the subject of discussion in the Education Workshops held at the regional and national White House Conferences for a Drug Free America.

The participants agreed that illegal drug use should not be tolerated in our schools or in communities, and that current attitudes toward drugs must change. The key to this change is education, not only in our schools and universities, but in businesses, on the playing fields and in families. The participants also agreed that there are four keys to eliminating the use of illegal drugs and alcohol in this nation's schools, colleges, and universities:

1. Strong leadership and unequivocal "no use" policies at all levels against drugs and alcohol;
2. Parental and community involvement in the fight against illicit drugs;
3. Training for all members of the community regarding drug and alcohol prevention and the manifold dangers of addiction; and
4. The active participation and cooperation of higher education institutions in the fight against drugs and alcohol.

Recommendation 1. Schools (from kindergarten through high school) and local boards of education must establish and enforce policies and procedures for students, teachers, administrators, and staff that clearly forbid the sale, distribution, possession, or use of all illicit drugs and alcohol on school property, or at school-sponsored functions. Parents, students, and community officials should participate in developing and supporting these policies.

The following policies and procedures are recommended:

- Prohibiting the promotion, use or sale of any illegal substance (including alcohol, which is illegal for persons under the age of 21) at school, on school property, or at school-sponsored functions.
- Establishing and enforcing "no use" of tobacco rules for students.

- Developing a clear, strong, and consistent response for any violation.
- Reporting use or suspected use of drugs by students to parents and to law enforcement officials.
- Helping law enforcement officials become involved in identifying and resolving the problem.
- Using school or other facilities for student support groups such as Alcoholics Anonymous and Narcotics Anonymous.
- Enlisting the participation of students who are respected by peers and younger children in school programs to prevent illegal drug use.
- Providing alternative education arrangements for students who are removed from school because of drug- or alcohol-related offenses.
- Ensuring that teachers, administrators, and other staff are neither abusers of alcohol nor users of illegal drugs.
- Providing a system of intervention and referral services for students, faculty, and other staff.
- Establishing methods to measure illicit drug and alcohol use among students at the school, and to evaluate the success of policies and procedures.

If schools are to provide a safe, secure, and drug-free learning environment, as well as prepare students to reject the use of illicit drugs in their daily lives, parents, teachers, administrators, prevention and treatment professionals, local law enforcement officers, government officials, and other community leaders must work together to develop and implement their antidrug policy. This policy must clearly forbid the possession, use or sale of alcohol and other drugs by students, educators, or staff at the school, on school property, or at school-sponsored events.

In addition, because teachers and other school personnel are role models, all current faculty, administrators, and other staff should adhere to the antidrug policies recommended in the Workplace section (See Workplace Recommendation 1). School officials with responsibility for hiring prospective teachers should attempt to assure that new hires are drug-free. Moreover, in recognition of the negative health effects of smoking and using tobacco, and numerous studies that establish smoking as a precursor to illegal drug and alcohol use, smoking and tobacco use should be forbidden on school premises for students. Opinion was expressed by some that this restriction should also apply to faculty and staff. The Conference however, was unable to reach a consensus on this issue.

ADMINISTRATIVE RESPONSE. School policy regarding illicit drug and alcohol use must clearly delineate the action that will be taken in the event of illegal drug use, and establish procedures for students, teachers, parents, and administrators to follow when they discover or suspect use of alcohol or other illicit drugs.

When school officials become aware of, or suspect the use of illicit drugs including alcohol by a student, they must take appropriate action. Whenever they suspect that a student has broken the law, they should notify the student's parents and the law enforcement authorities, and should refer the student to treatment and counseling services. In all cases the response should be closely and realistically related to the gravity of the behavior. Consequences should range from exclusion from extracurricular activities, to referral to the appropriate community prevention, treatment and rehabilitation services, to expulsion.

The response should be similar in the case of other members of the school community. The consequences should include obligatory counseling and treatment for users and dismissal for sellers.

Students should also be directly involved in drug and alcohol prevention and education efforts. For example, in high schools throughout the country, peer and cross-age counseling programs have been extremely helpful. In some programs, older students visit the junior high schools and elementary schools to discuss how to avoid the use of illicit drugs, including alcohol. Programs that involve sports figures (professional, college, and high school) who talk with younger athletes about the prevention of alcohol and drug use may also be helpful.

REFERRAL. School authorities should designate someone on their staff with training in alcohol and drug use to act as a liaison with community-based prevention, treatment, and rehabilitation services. This person should maintain close communication with these facilities and inform school authorities about the treatment and prevention resources available locally. In addition to helping school officials provide referral services for students, faculty, and staff who might need them, the liaison would also be their principal link with the school community during treatment and a key member of their support team during the reentry process. All parents and students should be informed about the availability of these services and told how to gain access to them.

ALTERNATIVE EDUCATIONAL PROGRAMS. School policies must specify conditions and procedures for the reentry or alternative education of students who have been removed from the regular school program because of drug- or alcohol-related behavior. For students who return to school after suspension or referral to treatment, the school, by itself or in cooperation with other schools, should allow its facilities or other local facilities to be used for meetings of student support groups such as Alcoholics Anonymous or Narcotics Anonymous. Also, drug-free student groups can be used to ease the reentry process.

In addition, schools should establish a program of classes using local school facilities or other facilities in a second session (perhaps from 3:30 p.m. to 8:30 p.m.) staffed with specially trained teachers for students who have been permanently expelled from school during the regular school day. This system has three advantages:

1. It would prevent the children who already have serious problems from being "out on the street" with nowhere to go, nothing to do, and no marketable skills.

2. It would prevent these children from suffering even more acutely from isolation from the school community to which they belong.

3. It would facilitate their subsequent reentry into that community.

LAW ENFORCEMENT. Law enforcement can play a very useful role in efforts to prevent illicit drug use. In order for this to happen, however, the schools and police departments must develop a close working relationship before the school year starts, not after a problem is identified. Drug and alcohol prevention programs in the schools, when conducted by law enforcement officials and educators, have proven helpful to students and can create a strong bond between school authorities and local law enforcement officers. School authorities should notify law enforcement officials whenever they suspect or ascertain that their students are using, selling, or distributing drugs.

EVALUATION. Finally, all policies and programs should be reviewed periodically for their effectiveness. If a program is not working, it must be changed. Schools, school boards, parents, educators, and community groups and agencies should work together to monitor the success of school drug and alcohol prevention programs. Two methods that have been used to measure the success of policies and procedures are statistical analysis and student surveys. In the first case, school officials compare the number of drug- or alcohol-related suspensions, expulsions, arrests, and referrals for treatment during the years before the enactment of the current policies and procedures with the statistics for the years that these policies are in effect. In the second case, school authorities conduct anonymous surveys each year asking students about their attitudes toward alcohol and drugs, their own involvement with illegal substances, their assessment of the extent of the problem among their peers, and their assessment of the reasons adolescents use or do not use illegal drugs. The results of such statistics and surveys over a two or three year period should help to indicate whether the school's policies and procedures are having the desired effect upon students.

Recommendation 2. Schools must be an active part of "communitywide" efforts to end the use of illegal drugs.

To this end, the schools should take the following actions:

- Coordinate communitywide efforts.
- Work to establish a sense of community pride in which all members of the community participate.
- Actively encourage youth to become involved in community outreach programs for the aged, handicapped, or other service programs.
- Encourage local businesses to provide financial support for antidrug and antialcohol initiatives. Businesses should:

  –Actively monitor and discourage sales of alcohol and tobacco to underage clients;

  – Sponsor various academic, athletic, and cultural activities for teens; and

  – Sponsor contests, scholarships, work-study programs, character building programs, and summer jobs for adolescents.
- Have gathering places for youth (i.e., school auditoriums and gymnasiums, community centers, or some analogous meeting place) and assure they are drug-free.
- Sponsor after-school and evening activities for adolescents.

Experience has shown that if students are exposed to conflicting information and attitudes about alcohol and drugs in their families and communities, school drug education and prevention efforts will be weakened, if not thwarted. The school's message should be reinforced by family, friends, and the community at large.

It is not enough, however, just to tell children and adolescents not to take drugs or alcohol; they must be well informed about the risks and about positive alternative activities and goals–academic, athletic, cultural, and spiritual. Local civic centers, businesses, and religious groups should be encouraged to support study groups, contests, scholarships, on-the-job training programs, and summer jobs for community youth. Young people should help one another and other members of the community through various outreach programs–tutoring, coaching, peer counseling, and visiting local hospitals and nursing homes. All these activities can help young people establish positive goals, cultivate a sense of self-worth, and develop a sense of civic responsibility and community pride. Schools can also encourage community groups to provide courses to enhance parenting skills. An essential part of such courses would be drug and alcohol education, including information on how and where to seek professional assistance when a problem is suspected.

Recommendation 3. Schools must get parents actively involved in the prevention of drug and alcohol use.

There are many ways of securing parents' help in keeping homes, schools, and neighborhoods free from illegal drugs–including alcohol–for youth. For this effort to succeed, close ties among parents, teachers, and administrators, with frequent personal and telephone contact, are essential. Schools should schedule regular meetings with parents, and parents should be encouraged to discuss their children's personal and academic development with their teachers and to visit their children's classes frequently. Parents and students should know that teachers, principals, and the other members of the school community are concerned about the progress of each student. Parents and school officials should do everything possible to assure the optimal development of each student, including providing supplementary help for students who are doing poorly; making sure that parents know about any absenteeism; and organizing supervised, after-school activities so that many children do not have to go home to empty houses or apartments.

In addition, because informed, concerned parents are an important defense against teenage drug and alcohol use, schools should ask parents to take a course on the prevention of illicit drug and alcohol use, to inform other parents about any drug or alcohol use among students, to supervise parties or get-togethers at their homes, and to ensure that no drugs or alcoholic beverages are brought to or served at such gatherings. School officials should also ask parents to sign a statement explaining that they understand the school policy about drug and alcohol use and its consequences.

Other strategies that have proved effective, especially in inner-city schools, are the following:

- Hiring an active, concerned parent who lives in the community to serve as the full-time liaison between the school and other parents;
- Requiring the parent of a child who has seriously misbehaved at school to attend all classes with the child on the first day back at school in order for the child to be readmitted;
- Establishing a system for notifying parents promptly when students are absent from school;

- Asking parents to sign all their children's quizzes, exams, and reports so that parents are aware of the quality of their children's work;
- Asking parents to volunteer as teacher's aides, chaperones, or sponsors for extracurricular activities;
- Asking parents to report any child they see who is skipping school; and
- Asking parents to participate in the "safe home" program.

Parents must assume the primary responsibility for establishing the values that will govern their children's lives, including drug and alcohol use. They have final responsibility for assuring that their children remain drug-free, must know where their children are, what they are doing, and with whom.

Recommendation 4. Chief State school officers and State boards of education must ensure that textbooks, curricula, and other materials on alcohol and drugs are accurate and current, that they clearly and consistently carry a "no use" message, and that they integrate education about illicit drugs and alcohol into the existing school curriculum from kindergarten through college.

Unfortunately, some schools are using books and other drug- and alcohol-related materials that are outdated and do not give a clear "no use" message. In fact, some courses and materials present illicit drug and alcohol use for teenagers as a matter of individual choice; others appear to condone occasional use of drugs and alcohol; and still others claim that some drugs should be legalized. We owe it to our children to tell them the truth about the physical, mental, emotional, and social effects of drugs on people. The students should be told clearly that illegal drinking or the taking of drugs is no solution to problems. It is essential to explode the myths that associate drinking alcohol with rites of passage, macho behavior, intellectual daring, and the flouting of parents, conventions, and institutions.

State boards of education and chief State school officers should review all texts that deal with drug and alcohol use for accuracy and a strong "no use" message. In addition, educators should be careful to avoid choosing texts that presume that students either have used or will use drugs or alcohol. This "presumed use" message sometimes unintentionally disposes nonusers to experiment because, ironically, they feel that it is expected of them.

Moreover, these materials should be part of an integrated curriculum that begins in kindergarten and continues through college. Courses on drug and alcohol prevention must emphasize that use is both harmful and illegal.

They should also be part of a strong values program that concentrates on developing students' self-esteem, leadership and decisio- making abilities, and skills for communicating with others and coping with problems. Development of skills in these areas will help provide students with the wherewithal to resist peer pressure, a leading cause of involvement in drugs. Educators should make special efforts to tailor these courses to the cultural needs of the minority communities represented in the schools. The board of education should also make sure that information disseminated in all classes reinforces the "no use" message.

Recommendation 5. Colleges and universities must adopt firm, clear, and strongly enforced "no use" drug policies encompassing all members of the college community.

These policies should include the following:

- Clear prohibitions regarding the possession, use, or sale of illicit drugs by students, faculty, and other employees. For students under age 21 this prohibition would also apply to alcohol.
- Disciplinary measures for any infringement of these prohibitions.
- Procedures for reporting drug and alcohol use or sale by students, faculty, or staff.
- A special curriculum–dealing with the consequences, forms, and responses to drug use–for persons preparing to become physicians, nurses, lawyers, social workers, teachers, ministers, and psychologists.

The institutions of higher learning have a crucial role to play in drug and alcohol prevention. They must acknowledge that they have responsibility for providing a drug-free learning environment and ethical as well as intellectual leadership.

According to the *Higher Education Survey Report* of December 1987, only three-fourths of higher education institutions have written policies regarding student drug use, and only one-fourth have an explicit, written policy on illegal drug use by faculty and staff. In addition, fewer than half of the institutions of higher learning that have written policies regarding student drug use distinguish between possession or use, on the one hand, and sale or distribution, on the other. Most of the institutions that have written policies on illegal drugs describe their policy in the student catalog; only eight percent of these institutions describe their drug use policies and penalties in letters to the students' parents, and few actually implement their policies.

Although 55 percent of colleges and universities have taken disciplinary action against students for illegal drug use, few students have been affected. The *Higher Education Survey Report* on this subject states, "Students were referred to counseling for drug abuse an average of 2.7 times per school per 1,000 students in 1985-1986"; they were "suspended or expelled...an average of 0.3 and 0.4 times, respectively, per school per 1,000 students; [and] referrals to police occurred 0.3 times per school per 1,000 students in 1985-1986."

Colleges and universities must have explicit and strong policies against the use of illegal drugs for all members of the college community. These policies should include automatically informing parents and local police whenever laws have been broken and referring users to the appropriate treatment and rehabilitation services. Procedures for reporting drug and alcohol use should be spelled out in the college catalog and freshman handbook and should be strictly adhered to. In addition, all colleges, universities, and other professional schools should provide appropriate courses on drug and alcohol use for all relevant disciplines (medicine, law, social work, teaching, ministry, and counseling). Colleges and universities that ascribe to an honor code should include no use of drugs and alcohol in that code. Finally, parents should inquire about a college's drug policy while helping with their sons' and daughters' college selection.

Recommendation 6. Federal grant money to colleges and universities and for student loans should be contingent upon the institution's having and enforcing "no use" drug and alcohol policies.

Legislation should be passed to the effect that no Federal grant money or student loans will be given to colleges or universities that do not have and enforce a "no use" drug and alcohol policy. This legislation would provide a powerful incentive to administrators of colleges and universities to institute and enforce such policies. In the absence of such incentives, the Federal Government is giving tacit approval to the use of illicit drugs on the campuses of American colleges and universities.

Recommendation 7. States should require all teachers to be knowledgeable about drug- and alcohol-related issues for teacher certification.

All States should pass legislation requiring teachers to have a basic knowledge about illicit drug use in order to be certified or to remain certified. New teachers should be required to present evidence of such competency before they are certified, and currently certified teachers should obtain such information within three years. In addition, all State licensing and certifying exams for psychology, medicine, social work, education and other relevant disciplines should include a battery of questions on drug and alcohol use.

Recommendation 8. Amend existing Federal legislation for drug education and prevention programs to assure accountability for results; in other words, tie in continued funding to a measurable decrease in drug and alcohol use.

Federal, State, and local programs to prevent drug and alcohol use must be periodically evaluated according to established criteria to ensure accountability for results. In the past, some programs were funded without clear reasons and without clear specifications as to what the grantor expected from the grantee. School-based prevention programs that cannot demonstrate reduction of drug and alcohol use should be modified, or their funding should be discontinued.

Recommendation 9. Funding for school-based drug prevention, education, and awareness efforts should be sustained over an extended period of time and should be contingent upon the effectiveness with which the programs reach their stated goals.

Funding–Federal, State and local–for school-based drug and alcohol prevention, education and awareness efforts should be maintained long enough for the programs to establish themselves, test their methodology, and evaluate their success. After this stipulated period of time, funding should be discontinued if the original goals have not been met, or the goals should be realistically revised so that they can be achieved.

The Drug-Free Schools and Communities Act, which was part of the Anti-Drug Abuse Act of 1986, gave the Department of Education the necessary funding to start and support a wide range of antidrug and antialcohol use programs. Each year since 1986, Congress has increased this appropriation, from $200 million in fiscal 1987 to $229 million in fiscal 1988 and a projected $250 million for fiscal 1989. If this level of funding is sustained or increased in years to come, administrators will be better able to judge clearly the success of various programs, to eliminate unsuccessful ones, and to promote and publicize successful ones.

Examples of Education Programs and Resources

The programs cited below are just a few examples of the many programs concerned and dedicated Americans are conducting to reduce illicit drug use in our Nation. This list is by no means complete.

1. **Northside High School**
2875 Northside Drive
Atlanta, Georgia 30305
CONTACT: William Rudolph
(404) 355-6886

This is a successful school-based program with significant parent involvement. The principal of Northside was instrumental in establishing and enforcing policies to make the school drug-free.

2. **Anne Arundel County School District**
2644 Riva Road
Annapolis, Maryland 21401
CONTACT: Robert C. Rice
(301) 224-5304

Strong no-use policies have helped this district reduce a serious drug problem. These policies hold students who are users of drugs accountable for their actions and require them to reveal their source of drugs or alcohol and to attend a series of evening counseling sessions with their parents in order to be readmitted to school during the day.

3. **Eastside High School**
33 Church Street
Paterson, New Jersey 07505
CONTACT: Joe Clark
(201) 881-6300

This school in crisis has made inroads against illegal drug use and improved the academic performance of its students by active principal and staff participation, establishment and enforcement of strict antidrug policies, and cooperation with local law enforcement authorities.

4. **Turtle Mountain Community Schools**
P.O. Box 440
Belcourt, North Dakota 58316
CONTACT: Michael Vann
(701) 477-6471

This program focuses on illegal drug use among American Indians, teaches students about their rich cultural history, and provides them with many drug-free sports and social activities.

5. Samuel Gompers Vocational Technical High School

455 Southern Boulevard
Bronx, New York 10455
CONTACT: Gregory R. Bellantone
(212) 665-0950

This school-based program features close cooperation among school officials, law enforcement officials and parents as well as a drug education program for teachers, students and parents. The private sector also lends its support by hiring drug-free students for after school and summer jobs.

6. Greenway Middle School

3003 E. Greenway Road
Phoenix, Arizona 85032
CONTACT: Don Skawski
(602) 992-8860

This prevention program teaches peer resistance and decision making skills, as well as providing increased information for students on the hazards of drug use.

7. Project DARE

(See Examples of Law Enforcement Programs and Resources)

8. Operation SPECDA

(See Examples of Law Enforcement Programs and Resources)

9. Sports Drug Awareness Program

Demand Reduction Section
Drug Enforcement Administration
1405 I Street, N.W.
Washington, D.C. 20537
CONTACT: Ronald J. Trethric
(202) 786-4096

The Sports Drug Awareness Program, developed at Anderson High School in Cincinnati, focuses on student athletes. This program emphasizes the importance of coaches and student athletes as role models and the use of peer counseling and positive peer pressure.

10. John Handley High School

P.O. Box 910
Winchester, Virginia 22601
CONTACT: Mikka Isherwood
(703) 662-3471

Strong policies, a student assistance program, and community and law enforcement involvement form the basis for this program, which is a model for Virginia schools.

11. Project STRATE
P.O. Box 66
Mount Miegs, Alabama 36097
CONTACT: Berta Blackwell
(205) 272-9100

Project STRATE is a program focusing on drug-free alternative activities for subteens, with chapters across Alabama.

12. Project PACT
Office of Teacher Education
University of California, Irvine
Irvine, California 92717
CONTACT: Joan Bissell
(714) 856-7466

The primary purpose of Project PACT is to prepare teachers, counselors, school administrators, and parents to provide assistance to young people in helping their peers to resist drugs and alcohol.

13. Central Connecticut State University
New Britain, Connecticut 06050
CONTACT: Dr. Robert Ariosto
(203) 827-7474

This program contains clear and unambiguous policies that prohibit the use of alcohol (regardless of age) and drugs on campus. As of fall 1988, students violating the rules on alcohol will be required to take mandatory alcohol education classes. This university also has a task force on wellness and a campuswide wellness program, as well as a confidential student assistance program.

14. Fort Hays State University
600 Park Street
Hays, Kansas 67601
Contact: Dr. Edward H. Hammond
(913) 628-4231

Fort Hays' policy does not permit alcohol in shared areas. The effect of this strong alcohol policy has been to reduce the presence of alcohol on campus.

15. University of New Hampshire
Thompson Hall
Durham, New Hampshire 03824
CONTACT: J. Greg Sanborn
(603) 862-2053

This program requires more than one-third of the students to take a mandatory drug and alcohol education class. Any student who violates the university's policy is required to attend professional counseling. In addition, the university also has an extensive network of peer counseling.

16. Southern Illinois University

Carbondale, Illinois 62918
CONTACT: Dr. Harvey Welch
(618) 453-2461

Southern Illinois University's successful prevention program is based on one of the largest university peer assistance programs in the country. In the 1988-89 school year there will be more than 600 volunteer peer counselors. The university and community are working together to expand this program.

17. Canyon Junior High

Canyon, Texas 79015
CONTACT: Pat Holcomb
(806) 655-2108

Canyon Junior High has peer support groups, rap groups that talk to the area elementary schools, an extensive array of drug and alcohol use materials and community outreach programs run by the school's drug and alcohol abuse counselors.

18. Oliver Wendell Holmes Junior High School

Wheeling, Illinois 60090
CONTACT: Avi Poster
(312) 520-2790

Oliver Wendell Holmes has a strong no drug, alcohol, and tobacco policy coupled with before and after-school activities; annual, extremely successful "Hugs not Drugs" rallies; and a strong peer support program administered through the school's guidance counselor and social worker.

19. Kids Saving Kids

Hempfield School District
2962 Kings Lane
Lancaster, Pennsylvania 17601
CONTACT: Katie True
(717) 898-7710

Kids Saving Kids involves drug and alcohol-free high school students, trained through the REACH America program of the National Federation of Parents for Drug Free Youth (NFP), to provide antidrug skits and educational programs to elementary students.

20. Golden Key National Honor Society

1189 Ponce de Leon Avenue
Atlanta, Georgia 30306
CONTACT: Steve Pracht
(404) 377-2400

Golden Key is a collegiate honor society with 124 chapters at major universities across the country. Their drug prevention program, "The Best of America Say No to Drugs," is presented by Golden Key Members who invite student leaders to join them in information-sharing rallies for elementary, middle and high school students. The presentation stresses three A's: academics, athletics, and alternative recreation. Since its beginning two years ago, the program has reached over 700,000 students.

THE CRIMINAL JUSTICE SYSTEM

Drug law enforcement has never been more effective than it is today in making arrests, seizing drugs and property, toppling drug cartels, and locking up drug dealers. Yet drug availability continues to rise and drug prices continue to drop. There is not enough prison space to house criminals deserving incarceration. Sentences for drug criminals remain woefully short, if they include incarceration at all. There are simply not enough law enforcement officers, prosecutors, judges or corrections officials to handle the crime crisis posed by illegal drugs.

Law enforcement executives remind us that because we live in a free country with open borders and constitutionally-protected liberties, we will always have some trafficking in illicit drugs as long as we have people who are willing to buy them. At the same time they acknowledged that law enforcement can never do more than hold the line against illegal drugs. Until the demand for drugs dries up, the trafficking will not stop.

The criminal justice system has a unique role to play in stopping drug use. For a drug user, the road from experimentation to addiction is not inevitable–roadblocks in the form of intervention can be successful, turning the user or potential user away from drugs before it is too late. The criminal justice system can effectively confront new users with the reality of their crime, break down denial and force users to accept responsibility. The devastating downward spiral of increasing drug use, and the accompanying crime, violence, and destruction can be stopped.

Recommendation 1. Federal, State, and local governments must allocate more resources to all segments of the criminal justice system to combat illicit drug use. In addition, Federal antidrug funds should be available over a 3-year period to allow proper planning for their use.

In 1986, law enforcement agencies spent about $6 billion dollars in the fight against drug offenders. This funding level represents a significant increase in recent years, yet still a very small percentage of overall government spending.

The front line in the war against drugs is law enforcement. Because most of the drugs in this country come from foreign countries, the Federal Government has a particular responsibility above and beyond its normal role of leadership. It must do everything it can at the international and interstate levels to fight drug trafficking. It must also set the tone and serve as an example for the rest of the Nation. Through its information and intelligence capabilities as well as its advice, technical expertise, financial assistance and cooperation on joint task forces it must be a resource to the States and must help local communities fight trafficking.

The lead Federal agency in the fight against drugs is the Drug Enforcement Administration (DEA). Much of this responsibility must fall on DEA, yet its current personnel resources are inadequate to perform this task. As a result, there were calls during the Conference for a doubling of the Drug Enforcement Administration manpower allocation.

In addition, more State and local drug law enforcement personnel, equipment, and facilities (especially prisons) are needed. Communities in every part of the country are facing a severe shortage of law enforcement personnel. The court system and prosecutors offices are undermanned, causing unacceptable delays in adjudication. Additional funding would permit jurisdictions to consider developing special courts and prosecuting teams to deal with the drug problem. The most pressing need for additional dollar resources in the criminal justice system is in the area of corrections (discussed in the next recommendation).

Another problem is the 1-year appropriation cycle now being used for the Federal budget, which does not allow State and local law enforcement agencies enough time to plan adequately for the receipt of Federal assistance. Often, the time required to plan and start a new antidrug program and evaluate its effectiveness exceeds 1 year. To allow all recipients sufficient time to prepare for, and appropriately use, the antidrug funds available, funds should be authorized, appropriated and awarded over a 3-year period.

Recommendation 2. Additional funds must be appropriated for prison construction.

Every time a drug trafficker receives probation or a short jail term or is prematurely released from prison, two messages go out to the community: that drug trafficking pays and that our criminal justice system has failed in its mission to protect the community. The primary cause for the failure is the acute shortage of prison cells to cope with the high level of serious criminal activity in the Nation. Many serious, habitual, and even violent criminals are receiving "revolving door" treatment by the criminal justice system.

Approximately three-quarters of the States are under Federal court order regarding prison overcrowding. In many cases, this condition means that for every person added to the prison rolls, one must be subtracted. In many parts of the country, time actually served in prison bears little relationship to the length of the sentence imposed by the judge.

Are Americans willing to pay for prison construction? Recent studies by the Bureau of Justice Statistics of the U.S. Department of Justice indicate that building costs per cell for prisons range from $40,000 to $70,000 and operating costs from $10,000 to $20,000 per year. Despite these high costs, the White House Conference finds them to be less than the cost of allowing drug traffickers and other criminals to remain on the streets to burglarize, rob, assault, and murder innocent people. States and communities should not let the initially high costs of prison construction dissuade them from making an investment that is necessary for the protection of us all.

Many people attending the White House Conference suggested that our prisons provide too many luxuries and too few programs in which prisoners can earn their own keep and help compensate the innocent people they victimized. A further concern about the high costs of prison construction relates to the need to meet court-mandated standards. These standards should be carefully reviewed for determination of more economical methods of construction.

Recommendation 3. Criminal justice personnel should test all persons in their custody for illicit drug use, and the results of those tests should be used to make determinations regarding pretrial release, probation, and parole.

As a result of the undeniable link between illegal drug use and other crimes, and the advent of low-cost, accurate, drug-testing technology, drug tests should be used to help make decisions about the pretrial release of criminal defendants and probation or parole for convicted offenders.

The Drug Use Forecasting program, developed by the National Institute of Justice in the Department of Justice, has collected vital information about the relationship between drug use and crime in a number of major cities. On the basis of drug tests taken at the time of arrest, the following percentages of arrestees tested positive for illicit drug use (tests taken between January and March 1988):

Percentage of
Defendants Testing Positive

Chicago	75%
Detroit	68%
Los Angeles	74%
New York	82%
Phoenix	67%
Portland	75%
San Diego	79%
Houston	62%

During one recent period in New York City, 92 percent of persons arrested for robbery tested positive for cocaine. Studies in Baltimore and in Southern California have shown that daily heroin users are involved in four to six times more crime than less active users. A study in Anchorage, Alaska, showed that 80 percent of the street crime there was attributed to drug trafficking and use. Law enforcement officials in Washington estimate that 80 percent of all burglaries there are related to the sale or use of illegal drugs. Self-reports of drug use are unacceptable for criminal justice purposes. Only about half of the arrestees who test positive for drugs will admit to use of illicit drugs, even when guaranteed confidentiality.

In Washington, D.C., arrestees are routinely tested for drug use, to help judges determine whether pretrial release is appropriate and under what conditions. It has been shown that illicit drug users are much more likely than nonusers to fail to appear in court as scheduled and to be rearrested for subsequent crime. Regular urine testing during the pretrial release period helps ensure adherence to conditions of release.

The connection between drug use and crime clearly indicates that drug testing should be used as a condition for both probation and parole. Illicit drug use and other crimes are likely to be reduced because of the deterrent and detection value of drug testing, which will certainly help corrections officials handle ever-growing probation and parole caseloads. To the extent possible, the costs of these tests should be borne by the convicted offenders. Revocation of pretrial release, probation, or parole should be the standard response by the criminal justice system to positive drug tests.

Recommendation 4. The process for seizing, liquidating, and distributing the assets of illicit drug offenders must be expedited.

The seizure and forfeiture of the assets of drug offenders and drug money launderers constitutes one of the finest tools U.S. law enforcement authorities have to combat the drug trade. Drug trafficking is a crime driven by the potential for illicit profit, and the forfeiture of assets sends a powerful message to drug criminals that crime does not pay. However, the use of seizure and forfeiture as a weapon in the war against drugs must be expanded.

The law enforcement community appears optimistic about the Federal asset forfeiture statute, enacted as part of the 1984 Comprehensive Crime Control Act, because it permits the sharing of seized assets with State or local law enforcement agencies that participated in the investigation, and it permits Federal enforcement agencies to forfeit property seized by State or local agencies under the "adoptive forfeiture" provisions. However, the administrative review of these matters needs to be expedited. The Federal Bureau of Investigation (FBI), Drug Enforcement Administration, and U.S. Attorneys' Offices should hire and train more forfeiture specialists to handle the number of cases now flooding the system. At present, larger or complex forfeiture matters must be reviewed by the Department of Justice in Washington, D.C. In situations that require such review, it is recommended that the Attorney

General designate the U.S. Attorneys as his agents and empower these officials to determine appropriate dispositions.

States have enacted a variety of statutes to permit the seizure and forfeiture of assets of drug traffickers. For different reasons, however, State and local law enforcement officials do not use their State statutes, but seek instead to have property forfeited by Federal enforcement agencies under the Federal statute. In some States' the assets seized under existing State forfeiture provisions are not made available for law enforcement purposes; in some States, the forfeiture process is unwieldy or the judicial review is particularly burdensome; in some, State and local agencies seem to find it easier to have the Federal Government do the work; and in some, there is a lack of properly trained personnel. Federal drug enforcement officials (DEA, FBI, or U.S. Attorney) are reluctant to deny the requests of State and local law enforcement officials to adopt and forfeit, under the Federal statute, property that was seized with no Federal involvement. Yet the demand for them to do so is rapidly growing. This tool can create enormous goodwill among law enforcement authorities and, especially in States with inadequate statutory authority, can quickly provide important resources to law enforcement agencies.

The White House Conference encourages all States to amend existing statutes or to enact and fully use asset seizure and forfeiture legislation based on model statutes developed by the U.S. Department of Justice. Developing effective State statutes and implementing them with properly staffed and trained forfeiture units is the best way to assure the maximum impact of seizure and forfeiture on the illegal drug trade. Federal enforcement agencies should do everything they can to support State efforts in this regard.

Recommendation 5. Criminal justice agencies must adopt a strong antidrug policy for their employees, including appropriate forms of drug testing.

Elsewhere in this report (see Workplace Recommendation 1) we have recommended that every workplace adopt a strong antidrug policy for its employees. It is especially important that criminal justice agencies establish and maintain a strict "no use" policy for illicit drugs by their employees, and that this policy be supported by appropriate forms of education, employee assistance, and drug testing. The FBI, DEA, and some State and local police agencies have already adopted mandatory drug testing for their employees. The International Association of Chiefs of Police has developed a model drug testing policy for use by State and local agencies. Even the appearance of a double standard–that some, albeit a small percentage, criminal justice personnel may violate the very laws they are sworn to uphold–causes irreparable damage to the credibility of and respect for law enforcement and the entire criminal justice system. The criminal justice system in our country must be above reproach. An antidrug policy, with drug testing as one of its components, must be adopted throughout the criminal justice system, including all law enforcement, prosecution and corrections agencies, and the courts.

Recommendation 6. The training and education of criminal justice personnel in drug-related matters should be dramatically improved.

Illegal drug use has become so pervasive in our society that all criminal justice personnel must receive up-to-date education and training related to this phenomenon. It is no longer possible for these persons to perform their duties effectively without a thorough understanding of the drug problem. This education and training should be provided during basic training, at periodic in-service sessions, and in sessions tailored to support special assignments. The training should be designed to improve the performance of criminal justice professionals and to help them provide accurate information about the drug problem to the public at large. Well-informed criminal justice practitioners can and should play a much greater role in informing the public.

Without attempting to specify exactly what type of education and training would be appropriate nationally, the following subjects require attention:

- Recognition of the extent of illicit drug use in the United States;
- Harmful effects of various drugs on the body;
- Relationship between crime and illegal drug use;
- Prevention strategies and information for public presentations;
- Recognition that driving is often impaired by drugs other than alcohol and strategies to address such drugged driving (based on the Los Angeles Police Department Drug Recognition Expert Program);
- Training for law enforcement personnel in recognizing and differentiating illicit drugs;
- Effectiveness of various drug treatment methods; and
- Asset seizure and forfeiture procedures.

Recommendation 7. The Department of Defense should increase its assistance to Federal, State, and local law enforcement authorities in the war against illicit drugs.

In recent years, the Department of Defense has assisted Federal, State, and local drug law enforcement authorities by providing equipment and services.

In the past year, the Department of Defense received more than 8,000 requests from Federal, State, and local law enforcement agencies for assistance; it was able to respond favorably to 96 percent of these requests. However, many State and local law enforcement officials are unaware of the availability of assistance by the Department of Defense or of the procedure necessary to apply for it. The National Narcotics Border Interdiction System (NNBIS) has an excellent record of coordinating the requests of State and local law enforcement authorities for Department of Defense assistance, but the Department of Defense should establish a mechanism for keeping the law enforcement community informed about what types of services are available and how to request them.

The Department of Defense attempts to provide this assistance on a "no cost" basis to law enforcement agencies. To do this, however, the Department of Defense must be able to classify the assistance as being related to its training mission. Unfortunately, this restriction makes it difficult to provide assistance on short notice. The problem deserves careful attention, as law enforcement agencies do not have the funds to pay for Department of Defense assistance. It was suggested that a certain portion of the Department of Defense budget be earmarked to assist law enforcement agencies.

The Department of Defense can also help Federal, State, and local law enforcement authorities in eradicating drug crops. The growing of marijuana has become big business in a number of States. In Hawaii and California the marijuana crop had an estimated value exceeding $1 billion per year. Much of the domestic marijuana is more potent and, therefore, potentially more harmful than imported marijuana. State and local police forces on their own may not have sufficient resources to locate and eradicate much of the marijuana crop, which is often effectively concealed. To thwart this ever-increasing source of marijuana, it is important to bring as many forces to bear on it as possible. The National Guard, under the authority of the Governor, provides an excellent resource for eradication in every state. Virginia, for example, used its National Guard, State Police, and Farm Bureau Federation, along with other State and local agencies, to eradicate an estimated $46 million worth of marijuana plants. The Department of Defense should explore the use of military reservists for eradication activity as part of their annual training. Changes to the Posse Comitatus laws prohibiting the military from enforcing civilian laws may be necessary (See the discussion of Federal Reorganization Recommendations 1 and 3).

Recommendation 8. The Federal Government should designate a unified, national law enforcement drug intelligence system.

Many Federal agencies involved in the war against drugs have developed their own computerized intelligence systems. The apparent lack of sharing information across agencies or systems means an inevitable loss of coordination among Federal antidrug efforts. This situation also makes it extremely difficult for State and local law enforcement agencies to receive necessary intelligence quickly. The El Paso Intelligence Center (EPIC), operated by the Drug Enforcement Administration, should be designated as the national drug intelligence system. EPIC–the primary institution for multiagency, operational coordination–already serves as the Federal tactical drug intelligence coordination center. EPIC should also become the recipient of surveillance intelligence information developed by the Department of Defense (See Federal Reorganization Recommendation 3). Every Federal agency that develops or uses drug intelligence information should actively participate in EPIC.

Current procedures require that all requests for State and local law enforcement agencies to EPIC be directed through a designated State agency, usually the State narcotics bureau. Many law enforcement officers do not like this arrangement. EPIC is now conducting a study to determine the best approach for handling these matters. One of the approaches being examined is to have officers make their inquiries of EPIC through the appropriate Regional Information Sharing System (RISS), supported by the U.S. Department of Justice. At present, only the Western States Intelligence Network (WSIN) can query EPIC directly; it is recommended that standardized inquiry and input procedures should be developed for all areas of the country. Determination of this procedure should be delayed until the study by EPIC is completed.

It makes no sense to have a national drug intelligence center that is inadequately staffed. EPIC should have enough intelligence analysts, communication specialists, investigators, and supervisors to assure that the system operates at peak efficiency. All Federal agencies involved in antidrug law enforcement efforts should help staff EPIC.

Recommendation 9. Federal and State governments must develop stronger penalties for persons trafficking or distributing illicit drugs.

These penalties should include the following:

- Death penalty for drug kingpins who are responsible for murder;
- Strong sanctions against criminal justice officials aiding or abetting the drug trade;
- Stiff mandatory minimum sentences for:
  - drug traffickers,
  - those using youth in the distribution of drugs, and
  - those selling drugs to youth.

The criminal penalties that society ascribes for violation of our laws directly reflect the degree of harm that we perceive to be caused by the violation. Many of the criminal penalties for violating our Nation's drug laws were enacted at a time when drug use was considered to be a victimless crime–when there was no real understanding of the devastation caused by the use of and trafficking in illicit drugs. In addition, the immense profits that are now generated in drug trafficking are too alluring for many of our youth, who look at the remote possibility of even a short period of incarceration as an occupational hazard–a small price to pay for the likelihood of great wealth.

As a result, many of our criminal penalties for drug law violations fail to fulfill their purpose of providing deterrence, incapacitation, and punishment. They do not deter people from violating our drug laws. They do not incapacitate offenders for a sufficiently long time. The most recent statistics show that the median time served for drug *trafficking* in the states is 18 months. Nor do they provide just punishment for the degree of harm that they cause. There was absolute consensus throughout the Conference that these penalties must be strengthened.

The drug lords of this world deserve our greatest condemnation. Although everyone strongly agreed with this principle, unanimity could not be achieved on whether condemnation should include the death penalty, because some Conferees, as is true in the rest of our society, are constitutionally opposed to the death penalty. Although not unanimous, a clear consensus emerged that no other sentence seems to be appropriate for the leaders of the drug cartels who rule by violence and death and achieve untold wealth at the expense of others. We must send out a loud and clear message that those who seek to gain everything by becoming drug kingpins will also risk losing everything, including their lives. Congress and the State legislatures should enact legislation that imposes the death penalty on "drug kingpins" who are responsible for murder.

The criminal justice system is a crucial component of our fight against drugs. The vast majority of those who work in the system are honest and dedicated professionals. Experience has shown, however, that occasionally a few violate the very laws they are sworn to uphold. When this happens, we all suffer. The resulting harm to the community and the incalculable damage to the credibility of the justice system requires a stern response. Sentences imposed on these law breakers must serve as a strong deterrent to others who might be tempted to abuse their position of trust.

The Conference also found too great a disparity in the imposition of sentences for violations of our drug laws, particularly for the more serious offenses of trafficking, using youth in the distribution of drugs, and selling drugs to youth. The actual sentences imposed on like offenders for committing like crimes should not vary greatly, but under our system of discretionary sentencing they do. Too often sentences seem to have been determined more by luck in the draw of the judge assigned the case, rather than by the facts of the case, the record of the defendant, and the degree of harm done. This situation clearly cannot be allowed to continue. State sentencing guidelines and judicial training are among the steps that can be taken to ensure greater uniformity.

Mandatory minimum sentences are currently being used in the Federal system for some of the more serious drug offenses. These sentences are more consistent with the clear intent of our citizens as expressed through statutes enacted by their elected representatives. The States also need to enact mandatory minimum sentences for drug trafficking, particularly for traffickers who sell to youth or involve youth in drug distribution. To the extent that they result in an increase in the prison population, this problem must be addressed by an increase in funding for prison construction (See also Criminal Justice System Recommendation 2).

Recommendation 10. Judges must recognize all persons (adult and juvenile) found guilty of drug trafficking as serious offenders and sentence them accordingly.

Most Americans believe that the sentences received by drug offenders are inconsistent, uncertain, and inadequate. Too many serious drug offenders are sentenced to probation; even those who are incarcerated (regardless of their sentence) frequently spend little time behind bars.

The net result of inadequate sentencing is that the criminal justice system loses its deterrent effect on crime in general and on drug trafficking in particular, and the public is not protected. It is difficult to convince the youth of today that they should withstand the temptations of easy money in drug trafficking because of the potential negative consequences, when they see drug traffickers getting a slap on the wrist.

One of the reasons most frequently given for the failure to set meaningful sentences in drug-trafficking cases was the lack of prison space. It is inappropriate for sentences to be predicated on available prison space, for doing so is simply exacerbating a bad situation, rather than correcting it. We must not accept a situation in which prison space drives the system of sentencing.

Recommendation 11. Judges should use more innovative measures to deal more effectively with first-time drug offenders and youth involved in drug-related crimes.

At present, the criminal justice system is not dealing effectively with first-time and youthful offenders of drug possession laws. These offenders are usually in an early stage of drug use, when an effective lesson–that illicit drug use will be met with meaningful sanctions–can help stop illicit drug use before the users progress to habitual use. This is not to say that first-time offenders should necessarily receive a jail or prison sentence, although a short period of incarceration can have a shock value to some young offenders. If first-time offenders are to learn that illicit drug use has negative consequences, judges must fashion sentences that will have meaning to offenders, such as fines, forfeitures of motor vehicles, boats and planes, stigmatizing or restrictive sanctions, community service, house arrest and restitution.

Some States have found "use and lose" statutes to be effective. These statutes prevent drug offenders from receiving their automobile license at the appointed time or require that they lose their license for a certain period following the drug offense. Judges should realize that any such sanction is better than a short period of unsupervised probation, a generally meaningless sanction. Parents should also be involved in the sanction process for their children.

Restrictive, yet rehabilitative treatment should be utilized where appropriate. The criminal justice system should ensure that young or first-time drug-related offenders receive treatment that is accountable to the courts. Drug testing and appropriate sanctions, as noted above, should be imposed as part of this process.

Recommendation 12. Prosecutors must hold illicit drug users accountable for their actions.

Illicit drug users apprehended with small amounts of drugs are generally not viewed as law breakers or serious criminals. They are rarely prosecuted. By not arresting or not prosecuting drug users, our society is, in effect, condoning the use of illicit drugs.

Prosecutors must make every attempt to bring drug user cases before the courts. Even though there may be pressures against trying these cases, some action must be taken against illicit drug users to serve as a deterrent against future use. Plea bargaining, when it results in no meaningful sanction for drug possession, is inconsistent with this mandate.

In December 1986, DEA, Customs, the U.S. Attorney's Office and other law enforcement agencies in San Diego implemented a zero tolerance campaign on the U.S.-Mexican border for persons smuggling contraband substances into the United States. All persons entering the United States with any amount of an illicit drug in their possession are charged with a violation of Federal law and prosecuted. To date, every defendant has either pled or been found guilty. Prosecutors should be encouraged to develop similar programs, and the public should support them.

Recommendation 13. State and local law enforcement agencies must develop, implement and support programs to reduce the demand for illicit drugs in the schools and throughout their communities.

The primary responsibility of the criminal justice system is to arrest, prosecute and punish criminals. However, law enforcement officials have a role in deterring and preventing crime and their unique position and authority adds an important component to any comprehensive drug awareness and prevention campaign.

Law enforcement must be involved in drug prevention activity in the schools, the community and the workplace and advocate broad-based solutions. Ten years ago law enforcement stood alone in trying to educate the public and raise awareness on the drug issue. Fortunately, today, service clubs and youth and community organizations have begun to get involved in the drug issue. Law enforcement input into the substance of these programs should be solicited and valued. Departments can also ensure that their personnel are appropriately trained to provide consistent prevention information. Federal and State enforcement agencies should provide support for local efforts by providing drug prevention officer training and resources, and issuing regular drug information updates.

Children from kindergarten through grade 12 must learn the dangers of illegal drug use. With innovative curricula and teaching techniques, experienced law enforcement officers, working with teachers, can provide accurate information to school children about illegal drugs (which include alcohol and tobacco for youth) and about the harmful physical and legal consequences of this use. They can provide the knowledge and help young people develop the skills needed to reject peer pressure and to make correct decisions about drug use. There are a number of successful programs around the country including the Drug Abuse Resistance Education (DARE) program, Los Angeles Police Department and the Substance Abuse and Narcotics Education (SANE) program of the Los Angeles County Sheriff's Department. (Both are described briefly at the end of this section.) Such programs can also contribute to effective cooperation between local law enforcement and school administrators, which is so important to fighting illicit drug use among students.

In addition, law enforcement agencies should work within their communities on efforts to reduce the demand for illegal drugs. Officers can be trained to work with the public and with community organizations, such as service clubs, social groups, professional associations, youth organizations, and neighborhood, tenant, or resident associations. Neighborhood Watch programs and local chapters of organizations like Mothers Against Drunk Driving (MADD) or crime victim advocacy groups are particularly appropriate audiences.

Recommendation 14. Law enforcement agencies should adopt aggressive street-level enforcement of antidrug laws.

Street-level enforcement of antidrug laws is critical to deterrence. Many casual users of illicit drugs would refrain from use if they believed that they might suffer for their actions of if they had to look harder for sources of drugs. For many people, drug use has a predictable cycle: from "experimental" to "recreational" use to hard-core addiction. Aggressive street-level enforcement will raise the risk of use and thus serve to reduce the overall demand for illegal drugs.

In many larger cities, the drug problem is so pervasive that it is not always possible, given limited resources, to aggressively enforce existing drug laws. Some consequences of this unfortunate situation are that the small-time street-level dealer and "casual" users are able to buy and sell drugs with relative impunity in many areas of the country. Aggressive street-level law enforcement is an essential component in our efforts to enforce the antidrug laws.

Those who drive with illegal drugs in their systems pose a special threat to the lives and safety of innocent citizens on our highways. Through training and increased emphasis and priority, law enforcement should help alleviate this threat to our safety by aggressive enforcement of drugged driving laws. State legislation should ensure that state drivers licenses are conditioned upon agreement to take a drug test requested on probable cause (See Transportation recommendation 4).

> **Recommendation 15. All persons found guilty of selling or distributing drugs should be reported to the Internal Revenue Service (IRS) for a review of their tax status. To facilitate this review, at least one IRS agent should be assigned to every DEA field office in the country.**

In an attempt to take the profit out of the drug trade and in recognition of the enormous profits involved in illegal drug activity, the White House Conference recommends that names, addresses, and Social Security numbers of all persons found guilty of selling or distributing drugs should be submitted to the Internal Revenue Service for a review of their tax status. Prosecution in the Federal courts for tax evasion has been an effective weapon against a number of career criminals, and this weapon should be employed more frequently against drug traffickers. At least one IRS agent should be present in every DEA office to facilitate IRS involvement in drug sales or distribution cases. To further target traffickers and their ill-gotten gains, a major IRS initiative in the South Florida region should be considered.

> **Recommendation 16. Persons found to be using drugs while incarcerated should not be eligible for early release.**

Possession or use of illegal drugs by inmates of a correctional facility is a problem in every part of this country. Inmates who continue to break the laws certainly should not be considered for early release from incarceration. In fact, the Conference recommends that inmates be tested for illicit drugs before they are considered for probation and parole, and that appropriate legal action be taken against persons who test positive for drugs. It is also recommended that all contact visits in a facility be stopped whenever illicit drugs are identified.

Recommendation 17. All States should adopt legislation establishing multiple-copy prescription programs.

The DEA estimates that several hundred million dosage units of prescription-controlled drugs are diverted to illicit use from the more than 1.5 billion prescriptions dispensed annually. The greatest diversion to illicit purposes occurs at the level of the pharmacy or the prescribing physician. Perhaps the most successful innovation toward controlling the diversion of legitimate pharmaceutical products is a State-regulated multiple-copy prescription program.

Such programs require that prescribing physicians use a standard prescription form, with one copy of the form for the patient, one copy for their records, and one copy for the State regulatory authority. State officials have found the program to be cost-effective in fighting the diversion and illicit use of legitimate prescription drugs. Moreover, according to the DEA, no significant complaint about a multiple-copy prescription program's hindering legitimate medical decisions or care has been received from physicians or patients. Law enforcement officials uniformly support the implementation of such programs within the States, by State legislation.

Examples of Criminal Justice Programs and Resources

The programs cited below are just a few examples of the many programs concerned and dedicated Americans are conducting to reduce illicit drug use in our Nation. This list is by no means complete.

1. **Project DARE**
Los Angeles Police Department
1550 N. Los Angeles Street
Los Angeles, California 90012
CONTACT: Lieutenant Roger Coombs
(213) 485-4865

"Project DARE" is a cooperative law enforcement and education effort through which police officers help provide classes and presentations on drug abuse in the elementary schools.

2. **Substance Abuse Narcotics Education Program (SANE)**
Los Angeles County Sheriff's Department
SANE Unit
11515 S. Colima Road
Building D111
Whittier, California 90604
CONTACT: Lieutenant Marc Klugman
(213) 946-7263

"SANE," is another law enforcement and education effort similar to DARE, in which police officers help provide classes and presentations on drug abuse.

3. **Operation "School Program to Educate and Control Drug Abuse"**

New York City Police Department
1 Police Plaza
Room 200
New York, New York 10038
CONTACT: Captain Eugene Burke
(212) 374-5112

"SPECDA" is a cooperative program of the New York City Board of Education and the police department. Police help provide classes and presentations on drug abuse while at the same time concentrating on enforcement efforts within a two-block radius of schools to create a drug-free corridor.

4. Drug Recognition Expert Program

Los Angeles Police Department
Traffic Coordination Section
150 N. Los Angeles Street
Los Angeles, California 90012
CONTACT: Tom Page
(213) 485-4573

The Drug Recognition Expert program trains police officers to examine drivers who are under the influence of drugs and to determine the types of drugs the drivers have taken. Under standard roadside tests, these persons might not have been charged with driving under the influence. However, under this program, officers are now able to develop admissable evidence.

5. Operation Clean Sweep

Metropolitan Police Department
300 Indiana Avenue N.W.
Room 5080
Washington, D.C. 20001
CONTACT: Maurice Turner, Chief of Police
(202) 727-4218

Operation Clean Sweep is an aggressive street-level drug enforcement effort conducted in cooperation with local residents and Federal drug enforcement agencies.

6. Drug Use Forecasting System

National Institute of Justice
U.S. Department of Justice
633 Indiana Avenue N.W.
8th Floor
Washington, D.C. 20531
CONTACT: James K. Stewart, Director
(202) 724-2942

The Drug Use Forecasting System is a research program to gather drug use data based on urine tests of persons arrested in 11 U.S. cities.

7. Model Drug Testing Policy

International Association of Chiefs of Police
13 Firstfield Road
Gaithersburg, Maryland 20878
CONTACT: Gerald Vaughn
(202) 948-0922

The International Association of Chiefs of Police have information and a model policy for use by state and local law enforcement agencies that can help them implement strong anti-drug programs.

8. "Zero Tolerance" Program

U.S. Attorney's Office
U.S. Court House
940 Front Street
Room 5N19
San Diego, California 92189
CONTACT: Peter Nunez
(619) 557-5610

The Zero Tolerance program is a campaign against smuggling contraband substances into the United States at San Diego. It began in December 1986 as a cooperative effort between DEA, Customs, the U.S. Attorney's Office, and local law enforcement agencies.

9. Drug Abuse Awareness and Prevention Initiative

Office of the Attorney General
Commonwealth of Pennsylvania
16th Floor, Strawberry Square
Harrisburg, Pennsylvania 17120
Contact: Robert E. Peterson
(717) 783-3085

The Attorney General's Drug Abuse Awareness and Prevention Initiative coordinates a wide range of drug prevention activities involving law enforcement, community groups, parents, school officials, health professionals, business executives and government agencies.

10. Oregon Denial Law

Public School District 8J
718 7th Avenue S.W.
Albany, Oregon 97321
CONTACT: Wes Smith, Assistant Superintendent
(503) 967-4515

This law stipulates that 13 to 17-year olds found in violation of any drug or alcohol laws would not receive or would lose driving privileges for 1 year or until age 17, whichever was longer. The law was credited with reducing juvenile drug arrests 22 percent by the end of 1984 and an additional 7 percent by the end of 1986. Violations for having open alcoholic beverage containers in the vehicle were reduced 45 percent by the end of 1984 and another 19 percent by the end of 1986.

TREATMENT

The United States needs effective drug treatment. Within the past year, 37 million Americans used illicit drugs. They drain the work force of productivity, commit crimes to support their habit, inflict pain and anger on their families, line the drug kingpins' pockets, and spread AIDS. Drug users are committing slow suicide and taking innocent victims with them.

Addiction is a steady, downward spiral of compulsive drug use and dishonest behavior. Treatment can stop this downward spiral and reverse the momentum, thereby leading to recovery and productive living. Treatment can intervene with users at all stages on the road to addiction and prevent needless suffering and crime. We must, therefore, recognize the need to diagnose illicit drug use in an individual as early and as accurately as possible. Providing treatment is unquestionably a necessary measure. But it must be understood that treatment is simply the clinical event which initiates the ongoing and more complex cultural process of recovery.

The epidemic of illicit drug use in the United States has overloaded our treatment centers. Less than 40 years ago, there was only one rehabilitation center in the United States specifically designed for the treatment of drug addiction. Today treatment centers have proliferated to an estimated 9,000 facilities. Nevertheless, treatment professionals are still trying to determine which approaches most effectively initiate the long-term process of recovery.

Ultimately, the responsibility for recovery rests with individual users, who must be willing to use the tools of recovery offered in treatment. The critical mission of the treatment profession is to instill in users a sense of personal responsibility for taking whatever appropriate measures are necessary to remain drug-free after the treatment ends. The family plays a pivotal role at every phase of treatment, especially for youthful drug users, and must be involved throughout.

Recommendation 1. Federal, State, and local governments must take immediate steps to increase drug treatment capacity.

The number of drug addicts currently needing and wanting treatment in this country far exceeds the number of available treatment slots. Some waiting lists for entry into publicly supported treatment programs are as long as nine months. As addiction rates continue to increase, an even greater demand for treatment resources can be expected. Increasing treatment capacity will save individual lives and ultimately reduce the overall cost of addiction to society. Although the cost of treatment can be quite high, the cost of no treatment is much higher.

Increasing treatment capacity does not simply mean adding resources. Increasing capacity requires the cooperation of the entire community in several simultaneous steps:

- *Require clients to pay for their own treatment, whenever possible.* The most sever shortage in treatment availability today is for publicly supported slots. Requiring clients to pay for their own treatment if they are financially able will free up as many publicly funded slots as possible, thereby increasing total treatment capacity. Even more importantly, it will give clients a sense of investment in their own future and help them take personal responsibility for their own recovery–a crucial component in their remaining drug-free.

- *Increased funding for additional treatment slots.* Funding is an integral part of developing additional treatment slots. Although it is not the only mechanism on which we should rely, we must expend more money if we are going to serve the people who need and desire treatment. We did not attempt to estimate how many additional treatment slots are needed or how much they would cost, but few if any communities have adequate treatment resources at the present time.

- *Development of mechanisms to permit State government override of local zoning restrictions.* In many places where residents want and need treatment, local zoning restrictions and procedural delays in processing applications for residential treatment centers and halfway houses have prevented the development of adequate treatment resources. State governments should develop laws that will reduce procedural delays and thereby enhance opportunities for developing local treatment resources.

- *Development and use of a wide range of drug treatment modalities and programs.* The severity of use and the type of illicit drug being used dictate different treatment modalities–not every person that uses drugs needs long-term residential care. Every community should offer a full range of treatment approaches to intervene with users at all stages of the progression toward hard-core addiction. Such an array of modalities and programs should include self-help groups such as Narcotics Anonymous; short-term treatment, both inpatient and outpatient; and long-term residential care. There needs to be a concerted effort to develop community based, long-term, structured, aftercare support services.

- *More active involvement of the private sector.* The private sector needs to participate actively in finding solutions to the drug problem. By providing funds, loaning space and medical personnel, donating food and clothing, and providing insurance coverage for drug treatment, the private sector can effectively support an overall effort to increase treatment capacity.

- *Better use of existing treatment sites and resources.* Time and funding constraints require more creative use of existing treatment sites and resources. For example, churches, schools, and empty buildings, including buildings seized under asset forfeiture statutes, can be used to provide halfway house facilities and meeting places for self-help groups.

Recommendation 2 The Federal Government–through the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA)–should develop a standardized, objective method for determining drug treatment outcome and objective measures for assessing drug treatment success.

Each year the Federal Government funds approximately 20 percent of all drug treatment in the United States. These funds are distributed from a variety of funding sources to approximately 1,520 treatment facilities and 2,660 facilities that treat clients for the addiction of drugs and alcohol. The client costs for public and private programs vary from approximately $10 a visit for a methadone patient to approximately $25,000 a month for the most expensive residential programs.

The programs that provide drug treatment are as varied as their costs. There are self-help, detoxification, pharmacological, residential, and psychiatric programs. Each of these programs operates differently. Some are long-term, others short-term; some use drugs to help overcome addiction, others are drug-free; and some rely almost exclusively on professional support, others rely almost exclusively on self-help. Although the models may differ, all should have essentially the same goal: ridding drug users of their addiction and restoring them to society as productive members. It is essential, however, to have a reliable method–one that can be used by all treatment programs–to determine whether a client has relapsed to drug use. The "success" rate of different treatment modalities, as well as individual programs within the same modality, will vary. This is because different percentages of clients remain drug-free following treatment, depending on the treatment modality and client history.

Developing a standardized objective method for determining drug treatment outcome and developing standardized measures of success for each of the different types of programs are essential for accountability, and accountability is essential for continued funding. Programs that are not deemed effective should not be funded.

- *Standardized, objective method for determining drug treatment outcome.* Determining treatment outcome should be a relatively straightforward process aimed at obtaining reliable information on whether the client has remained drug-free. The standardized method should include the determination of a standard period of time necessary for a person to remain drug-free; drug testing as an objective and verifiable mechanism for ascertaining a person's use of drugs; use of arrest records to ascertain involvement in the criminal justice system; and verification of employment, and attendance at school and self-help groups. Because self-reporting has been proven to be unreliable, it should not be relied upon as the sole method of determining outcome.

- *Standardized measures of success.* Whereas treatment outcome can be determined by one basic method, it is much more difficult to determine whether the outcome for a particular modality should be considered "successful." Measuring the success of a treatment program is complicated because drug addiction is a chronic disorder that may require numerous treatment episodes, and relapse can be one step back on the road to long-term recovery. Despite the difficulties, standardized, objective measures that recognize the differences inherent in each type of treatment modality must be developed. Essentially, this means that several sets of measures of success, one for each modality, must be developed. Criteria that should be considered in developing the measures include program characteristics such as location (inpatient or outpatient) and length of treatment, and client characteristics such as history of addiction, prior exposure to treatment, psychiatric illness, criminality, family relationships, and employment history or education.

Recommendation 3. Funds for drug treatment programs should be based primarily on their efficacy and efficiency, including the percentage of clients who remain drug-free following treatment.

Many treatment programs are being funded on the basis of factors totally unrelated to the success of the program, regardless of the measure of success that is used. In many cases, the clamor for treatment slots–to get people into some form of treatment–outstrips the concern for accountability. No one asks whether the program helps addicts overcome their addiction. Quantity of service recipients, not effectiveness at stopping drug use, is too often the main criterion by which communities measure success. Programs must be held accountable for their results.

As has been stated elsewhere in this report, more funds for treatment are needed. Treatment capacity must be substantially increased if we are to deal with the overall drug problem. However, funds should never be allocated to a program merely because that program has slots available. Payment must be based on the effectiveness of the program.

Initially, in the absence of standardized measures of success, program effectiveness will have to be measured on the basis of existing criteria developed by the program. Eventually, however, all programs should be required to conform to the standardized measures if they are to be eligible for government assistance. No program, now or in the future, should be funded without being held accountable for its results.

Recommendation 4. Research findings and other data and statistics on effective drug treatment programming should be expeditiously synthesized and disseminated by ADAMHA.

A substantial amount of research has been conducted in recent years on various treatment programs and efforts. Unfortunately, this information does not always find its way to the service providers at the grassroots level, nor is it incorporated into policy-making efforts.

Unquestionably, research data are important. Policy decisions can be no better than the information on which they are based. With proper access to research, programs can be better designed and implemented. Treatment providers across the Nation expressed a tremendous need for access to well-synthesized research data written in lay terms. Treatment providers simply do not have the time to read myriad scientific journals in search of applicable information.

Periodicals that synthesize the most recent treatment research data should be routinely disseminated through a variety of different mechanisms and media to as wide a group as possible, including service providers, policymakers, parent groups, educators, and criminal justice personnel.

By knowing what treatments are working, judges can make better decisions regarding therapeutic intervention options, teachers can learn better methods of early intervention and followup, and parents can determine which treatment centers are most effective for treatment of adolescent drug users.

Recommendation 5. The Department of Health and Human Services should establish a multidisciplinary task force to assess the current and future human resource needs of the treatment field.

As the need for treatment has expanded, the resource pool of qualified personnel has not kept pace. It is critical to assess the numbers and qualifications of professionals and paraprofessionals required to provide effective treatment. A multidisciplinary approach should be used to determine the demand for a variety of specialists, including nurses, physicians, psychologists, psychiatrists, family therapists, certified addiction counselors, social workers, and youth service coordinators. In conducting the study, the Department of Health and Human Services (HHS) should consider ways to make better use of the pool of existing personnel; moreover, HHS should consider the fact that, as the effectiveness of various treatment approaches is determined, the need for personnel may vary. Expansion of the Public Health Service Corps to provide treatment services should also be considered. Finally, steps should be taken to publish and distribute widely the results of the human resource study in order to attract qualified personnel to the drug treatment field.

Recommendation 6. Funding sources should ensure that drug treatment professionals cooperate with the family, school, legal, and social service systems in the treatment process.

Drug treatment professionals should aim for a symbiotic relationship with other groups, including families, schools, and the legal and social service systems. By reaching out to the community, treatment professionals can, first, educate others regarding the treatment process and, second, increase the likelihood of intervening with clients before they reach the stage of chronic drug use. A greater degree of coordination between treatment professionals and teachers, law enforcement personnel, judges, social workers, and parents will improve the overall quality of treatment intervention, counseling and followup.

The issue of the confidentiality of client information needs to be examined. It is important to ensure that client privacy rights are protected in a manner that does not unduly infringe on society's right to stop repeated use of illegal drugs and the victimization of innocent people.

Recommendation 7. State and local governments should assure that funds are made available for all court-ordered treatment.

As courts increasingly mandate therapeutic intervention, funds for corresponding treatment slots should be made available. Currently, public providers carry the burden of court-mandated cases. It should be assumed that court mandated clients, like everyone else in treatment, should pay their own way, if at all possible. There are simply not enough funds or treatment slots available to accommodate court-referred clients without displacing people who seek public treatment voluntarily. It is critical that all the publicly funded treatment slots not be used soley by court-ordered treatment clients.

Recommendation 8. All jails and prisons should establish drug-treatment programs.

The link between crime and drug use is clearly evident. There is no indication that incarceration alone has ever reduced the future criminality of addicts. However, the victimization of innocent people stops while addicts are incarcerated. Corrections and treatment professionals need to work together to reduce drug use and other crime in the future.

Many offenders request drug treatment at a community treatment center to avoid "doing time" in jail or prison. If incarceration is called for by the crime, treatment should occur during, never in lieu of, incarceration.

The provision of treatment in the correctional setting reinforces accountability for criminal behavior while offering a way out of the cycle of illicit drug use and drug-related crimes. In addition, drug treatment programs in prisons are an important arena for providing education about AIDS to intravenous drug users. Successful completion of a "behind the wall" treatment program, as well as continued involvement in an aftercare treatment program that includes intensive supervision, counseling, and drug testing, should be a stipulation of parole or probation for all inmates with a record of illegal drug use.

> **Recommendation 9. Comprehensive training for diagnosis and treatment of illicit drug use should be integrated into the curricula of medical schools and other health professional courses of study.**

The use of illegal drugs often goes undetected by health practitioners, and few medical schools offer comprehensive training for the diagnosis and treatment of drug use. Questionnaires and urine testing as parts of the annual physical checkup could be appropriate early intervention measures. The earlier the drug use is detected, the better the chance to treat it effectively. Physicians and other health professionals should be trained to recognize the symptoms of marijuana, cocaine, crack, heroin, PCP, LSD, and methamphetamine use and make referrals for formal intervention procedures and other appropriate treatment measures.

> **Recommendation 10. The Federal Government should develop a mandatory training course on AIDS for all persons working in drug treatment programs.**

The Department of Health and Human Services should develop a training program on AIDS for all persons working in drug treatment programs. The AIDS course should be mandatory for treatment staff and should be one criterion for receipt of Federal funding. The course should be developed at the Federal level in order to ensure consistency of information and inclusion of all new information regarding AIDS.

Drug treatment programs should encourage procedures that ensure that all intravenous drug users are tested for AIDS; that attendance at AIDS education seminars is required in the course of treatment; and that appropriate counseling and referral are provided for persons who test positive for the HIV virus.

Recommendation 11. An independent organization should evaluate the efficacy of methadone treatment.

When methadone first became available in this country in the 1960's, it was heralded as a possible solution to our heroin problem. Although not originally developed for this purpose, methadone was administered to heroin addicts as a pharmacological substitute for heroin. By blocking the physical and psychological craving for heroin and, theoretically, the addict's "high" from heroin, methadone appeared to hold out great promise of possibly relieving opioid addicts from their addiction. Because methadone was legal and could be administered in clinics, addicts would not have to pay large amounts of money for the drug and, therefore, would not have to commit crime to finance their addiction. Addicts supposedly could function "normally" while under the influence of the drug, could be counseled and could, it was believed, hold a job and live a productive life. Methadone also could be administered orally, thereby avoiding health risks, including AIDS, associated with intravenous injection.

Unlike heroin, which is a short-acting opioid (4 to 6 hours), methadone is a long-acting opioid (24 to 36 hours); like heroin, it is addictive, and can be substituted for heroin. Methadone clinics that dispense the drug contend that it produces a stabilized metabolic state, in which counseling and behavioral change techniques are more effective. They believe that a lack of understanding of the pharmacodynamics of methadone has led many people to question its efficacy and some to question its usefulness as a treatment alternative.

There were specific concerns regarding methadone that were raised repeatedly throughout the Conference:

- That methadone is used as a bridge to cover periods when heroin for one reason or another is not available, or for the purpose of lessening addicts' tolerance for heroin so that when they return to the use of heroin they can get the affect they desire with less heroin and therefore their addiction would then cost them less money;

- That methadone substitutes one addiction for another and if it were not available addicts would have no option but to go through withdrawal and become drug free;

- That some addicts also use heroin when taking methadone, particularly if the methadone dose does not give them their desired "high";

- That when addicts come to a clinic to obtain methadone daily, they come into contact with many people from the drug using environment, making it difficult for them to leave their prior life behind;

- That many methadone clients use other illegal drugs;
- That when these events occur the stated benefits of methadone maintenance are diminished because addicts continue to use illegal drugs and to commit crime to pay for them.
- That they also continue to use other drugs such as cocaine intravenously, thereby continuing the risk of contacting Acquired Immune Deficiency Syndrome and other infectious diseases.

Many Conference participants felt that a drug-free state is preferable to all others. However, some acknowledge that there may be chronically addicted individuals that need pharmacological supports, and for those perhaps their only route to normal functioning is through the psycho-pharmacological modality of methadone maintenance.

The Conference recommends, therefore, that a study by an independent organization, such as the National Science Foundation, the National Academy of Medicine or the General Accounting Office, be conducted to evaluate the efficacy of methadone treatment programs.

Examples of Treatment Programs and Resources

The programs cited below are just a few examples of the many programs concerned and dedicated Americans are conducting to reduce illicit drug use in our Nation. This list is by no means complete.

1. **Navy Drug and Alcohol Drug Abuse Treatment Program**

Navy Drug and Alcohol Drug Abuse
Prevention and Control Division
Naval Military Personnel Command (NMPC-63)
Washington, D.C. 20370
CONTACT: Captain Leo A. Cangianelli
(202) 694-8008

This program provides both outpatient and residential treatment for U.S. Navy and Marine Corps personnel with diagnoses of drug or alcohol abuse or dependency across the United States.

2. **Narcotics Anonymous**

World Service Office
P.O. Box 9999
Van Nuys, California 91409
CONTACT: (818) 780-3951

A self-help group of recovering addicts, based on the 12-step program originated by Alcoholics Anonymous. There are no dues or fees to belong and the group is open to any person regardless of the addictive drug. Members rely on the therapeutic value of one addict helping another. Founded in 1953, Narcotics Anonymous has 12,000 chapters in the United States and chapters in 40 countries around the world.

3. **Therapeutic Communities**

Therapeutic communities are primary long-term, drug-free, residential treatment programs providing rehabilitation services. These services include group therapy, individual counseling, family therapy, and educational and vocational services. Many therapeutic communities also offer shorter term programs, as well as prevention, education and intervention services for adults and adolescents. Listed below are three model therapeutic communities:

Second Genesis, Inc.
4720 Montgomery Lane
Suite 502
Bethesda, Maryland 20814
CONTACT: Sidney Shankman, M.D.
(301) 656-1545

Amity, Inc.
P.O. Box 60520
Tucson, Arizona 85751-6520
CONTACT: Naya Arbiter
(602) 749-5980

Cenikor
1423 Texas Avenue
Houston, Texas
CONTACT: (713) 228-4145

Phoenix House Foundation
164 W. 74th Street
New York, New York 10023
CONTACT: Public Information Office
(212) 595-5810

Therapeutic Communities of America
P.O. Box 6037
Washington, D.C. 20005
CONTACT: (202) 265-9596

4. Substance Abuse Treatment Programs and National Cocaine Hotline

1-800-COCAINE

Fair Oaks Hospital
1 Prospect Street
Summit, New Jersey 07901
CONTACT: Mark Gold, M.D.
(201) 522-7000

Recovering cocaine addict counselors provide 24-hour information and referral services for drug users and parents. Counselors provide guidance and referral to local public and private treatment centers and family learning centers.

5. NASCO West and NASCO Central

Narcotics Service Council, Inc.
2305 St. Louis Avenue
St. Louis, Missouri 63106
CONTACT: William Harvey, Ph.D.
(314) 241-5472

NASCO provides long-term outpatient treatment for substance abuse, primarily for middle-class youth in suburban St. Louis, Missouri. "NASCO Central" provides *comprehensive treatment for substance abusers in inner-city St. Louis including 24-hour intervention; detoxification; short-term (60 to 90 days) residential treatment; individual and group therapy; and intensive long-term outpatient care.*

6. Parkland Memorial Hospital Young Adult Clinic

5201 Harry Hines Boulevard
Dallas, Texas 75235
CONTACT: Weselene Wiley
(214) 590-8760

The Young Adult Clinic provides primary care for adolescents. A full range of medical services are provided, including outpatient care for illegal drug use. On admission a comprehensive medical and psychological assessment is conducted to match proper treatment with the problems of the patient.

7. Health Care Delivery Service, Inc.

3637 Motor Avenue
Suite 300
Los Angeles, California 90034
CONTACT: Gerald DeAngelis, Ph.D.
(213) 204-3040

Specializing in adolescent care, this program provides decentralized drug treatment services for several counties in Southern California.

8. ASAP Family Treatment Programs

16135 Wyandotte Street
Van Nuys, California 91406
CONTACT: David Lewis, M.D.
(818) 939-7000

ASAP Family Treatment Program provides comprehensive inpatient and outpatient care for adults and adolescents who suffer from substance abuse or dependency.

9. University of Colorado Health Sciences Center

4200 E. 9th Avenue
Mail Container C268
Denver, Colorado 80262
CONTACT: Thomas Crowley, M.D.
(303) 394-7573

This university-based substance abuse treatment program is research-oriented but provides comprehensive inpatient and outpatient therapy for both adults and adolescents.

10. Spanish Family Guidance Center

Department of Psychiatry
School of Medicine
1425 N.W. 10th Avenue
Suite 302
Miami, Florida 33136
CONTACT: Jose Szapocznik, Ph.D.
(305) 326-0024

The Spanish Family Guidance Center uses the "Strategic Family Therapy" approach in targeting adolescent drug users and their families. The treatment is conducted in approximately 12 to 16 outpatient sessions.

11. Straight, Inc.

3001 Gandy Boulevard
St. Petersburg, Florida 33702
CONTACT: Bernadine Braithwaite
(813) 576-8929

Straight is a family-oriented treatment program for drug-using young people and their families.

12. Teen Challenge Training Center

P.O. Box 98
Rehrersburg, Pennsylvania 19550
CONTACT: Frank Reynolds, Executive Director
(717) 933-4181

Teen Challenge is a religious Christian based treatment program with entry centers located throughout the United States. The program charges no fee, receives no government aid, and relies on private donations.

13. Covenant House Addiction Management Project (CHAMP)

733 Breakers Avenure
Fort Lauderdale, Florida 33304
CONTACT: Nancy Matthews/John Weatherhead
(305) 561-5559

Designed to rescue hard-core street kids from addiction, especially addiction to crack and alcohol, CHAMP is an intensive counseling and rehabilitation program that is integrated into a crisis shelter for homeless and runaway youth. With a current capacity of 16, CHAMP demands that participants commit a minimum of 35 days to *a rigorous, 12-step effort inspired primarily by the Alcoholics Anonymous model. Accessible to street kids through the Covenant House street-outreach and crisis-residential programs, CHAMP provides aftercare services that include transitional and long-term housing, job training, and counseling. Founded in 1987 entirely with private funds, the project will serve as a model for similar programs in other Covenant House shelters in New York, Houston, and New Orleans.*

14. DAYTOP

54 West 40th Street
New York, NY 10018
(212) 354-6000

Daytop is the oldest and largest drug-free therapeutic program in the United States. The program features a residential center for persons 13 years old and older, who have a severe drug abuse problem, outreach centers that treat adolescents who have a moderate drug problem and specialized services such as: adolescent program, young women's group, siblings group, and an adult outpatient service.

THE WORKPLACE

The extent to which illicit drug use affects the workplace is a subject of growing national concern. Illicit drugs are used in all occupations and professions, from large factories to small businesses, from the boardroom to the toolroom.

The hazards of illicit drug use extend far beyond the individual user. Drug-impaired employees endanger themselves as well as their fellow workers. The results include increased claims for health care and worker's compensation; increased workplace accidents, theft, and corruption; decreased safety, work quality, and productivity; and, ultimately, destroyed lives.

Studies have shown that employees with drugs in their system are one-third less productive than other employees and nearly four times more likely to injure themselves or another person in a workplace accident. The annual cost of illegal drug use to the business community is $60 billion. More than half of that cost is in lost productivity.

Estimates of the extent of the drug problem may vary, but they all lead to the same conclusion–that illicit drug use in the workplace is a national problem of crisis proportions.

The business community has enormous power to deter illicit drug use in the workplace and community. Comprehensive antidrug use initiatives should emanate from the top leadership of the business community. Not only does such action represent enlightened self-interest, but also it promotes cooperation among all employees and throughout the community. Parents do not abandon their concerns about their family and community when they enter the workplace each morning. Sending a strong antidrug signal from the workplace to young people is one of the best ways to ensure that incoming workers would understand that they were entering a drug-free environment.

Recommendation 1. Every private and public workplace must have a strong antidrug work policy that covers every employee. Federal, State and local governments should encourage such policies.

A company antidrug policy is indispensable to promote a drug-free workplace. The policy should have the continuous support of labor and management, which should produce a high degree of trust and team building. The policy should reflect zero tolerance for illegal drug use in the workplace. It should be a simple, clear, easy-to-understand, written policy that reflects overall company philosophy and mission. It should be uniformly applied and well-communicated to all employees, *without exception*.

The employer should make it clear that the drug policy is for the protection of the health and safety of all employees–drug users and nonusers alike–and that its underlying goal is to get rid of the drug problem, not the employee. To maximize the benefit to the employee, employment contracts or collective bargaining agreements should be appropriately modified.

The elements that make up a comprehensive, antidrug work policy are discussed below. These elements reflect minimum guidelines; individual business or industry requirements may be stronger. (See also Transportation Recommendation 1.)

- *Prohibit the use, possession, and distribution of all illicit drugs by employees whether on or off the job.* An employer has an interest in an employee's illicit drug use on and off the job because of the harm such use can do to the employer's business, as well as concern for the safety and health of the drug-using employee and other employees.

  Any use of an illicit drug on or off the job can lead to criminal charges, which affect an employee's availability for work (court time and possible incarceration) and can affect a company's reputation, standing in the community, and liability. Whether on or off the job, any use of illicit drugs is illegal, and employers, as members of the community, must not tolerate it.

- *Include preemployment, "for cause," and random drug testing where necessary.* Drug testing is an effective prevention technique and deterrent to drug use. Drug testing should be used as a prehiring screen and for cause. While some participants oppose random testing in all instances, there was consensus that random testing is appropriate in jobs where safety, security, and health are at issue.

  Drug testing should not be considered a comprehensive response to illegal drugs in the workplace. It should be used as part of a comprehensive drug policy that includes education and treatment, is clearly communicated in a well-written document, and respects confidentiality. Accuracy can be assured through licensed laboratories with initial screening tests, confirmatory tests, chain-of-custody security procedures, and quality-control checks or audits.

  A recent report from the National Institute on Drug Abuse indicates that about one-third of the relatively large workplaces in the United States now have a drug-testing program, and more plan to implement programs in the near future. The report also shows that according to a membership poll conducted by the National Federation of Independent Businesses, nearly two-thirds of the small-business respondents agreed that employers should be allowed to require employees to submit to drug tests.

  –**Preemployment testing**. Drug screening before employment should keep users of illicit drugs from entering the workplace and demonstrate to the community that illicit drug use will not be tolerated. Prehire mechanisms should include a clear written statement to applicants that they will be subject to a drug test or to a physical examination that includes drug testing. Care should be taken so that the prehire antidrug screen is used only as a mechanism to prevent illicit drug users employment.

–**"For cause" testing**. "For cause" testing should be used when a specific event or series of events (e.g., accidents, injuries, excessive absenteeism, or abnormal behavior) indicates a potential employee illegal drug use problem. The indicators should be predetermined and enumerated in a formal written policy that is part of the employment confirmation process. Any employee who wishes to appeal the test results should be given the opportunity to have a reanalysis of the original specimen.

–**Random testing**. Random testing should be used whenever there is a need to ensure that workers are beyond question fit for safe, healthy and/or secure work assignments. It not only serves to detect drugs but also works as a prevention tool. A wide range of safety- and security-sensitive positions should be covered, such as construction workers in certain roles, nuclear plant operators, and employees who drive company vehicles.

- *Provide for employee drug education, prevention, and public awareness programs.* Business has an obligation to show that zero tolerance for illicit drugs in the workplace can be a model for spreading the antidrug message to the family and to the broader community through internal and external outreach activity, including employee education and awareness programs on illicit drug use. Employers should educate themselves and their employees about the health, economic, and social effects of illicit drug use, so that employees will recognize the signs of drug use and be aware of the resources available for identifying and helping employees with problems.

  Educating nonusers may be one of the most effective and important educational tools in the workplace. Effective peer pressure can achieve zero tolerance. Illicit drug use must be deemed an unacceptable threat to the safety and health of employees.

  Some companies have found worksite health and wellness programs to be helpful; these programs are most effective when they are linked with community programs built around the family and when they include prevention and education.

- *Include an employee rehabilitation program.* Rehabilitation should be the primary focus of any drug-free workplace program; the program should include a system of voluntary and mandatory referrals, respect for confidentiality, alternatives to dismissal (within safety guidelines), and methods to deal with relapse. There may be circumstances in which dismissal is the only solution, but conditions for dismissal must be clearly defined in the program.

Many companies have found employee assistance programs effective in helping to implement their antidrug policy and rehabilitation programs. The components of employee assistance vary with company size, internal or external management of the program, the employee population, and the community and its resources.

- *Guarantee confidentiality to the fullest extent possible.* A respect for confidentiality should be part of any company's antidrug policy. The right to privacy entitles employees and obligates employers to many legally specified procedures in the handling of employee records regarding drug testing, employee assistance, treatment, and rehabilitation. Policies and procedures should be written to assure the confidentiality of the results of an employee's drug test, just as with every other part of a personnel or medical file.

  The success of company antidrug programs depends on employee confidence in confidentiality. The number of people who receive the results of drug tests, or any associated information concerning illicit drug use, should be carefully controlled. Fear of publicity or reprisal can keep employees from participating voluntarily and cause needless anxiety and consternation on the part of employees who are referred to a drug treatment program or are already participating in a program.

- *Specify the consequences for illicit drug use, up to and including dismissal, for employees who do not adhere to the antidrug policy.* Any antidrug policy should clearly define and indicate the disciplinary steps and consequences of an employee's involvement in prohibited activities, on and off the job. The drug policy must be well communicated and enforced fairly and uniformly throughout the workplace. There must be no tolerance for any involvement with illicit drugs at any level.

  The best insurance against charges of unfairness in disciplinary actions is to advise employees in advance what will happen if illicit drug use is identified. Each employee who is identified as having used illegal drugs should be given a chance to discuss the problem with supervisory personnel, and to seek help through rehabilitation before discipline is instituted, if appropriate.

  Ideally, employees will seek help without drug testing, but when testing is used, employers should reanalyze the specimen for any worker who presents plausible objections to the results of a single positive test. Any refusal to be tested must be regarded as a serious violation of workplace policy. Failure to agree to be tested during or after rehabilitation should be cause for dismissal, since rehabilitation is difficult to assure without testing for the presence of drugs.

- *Establish training programs for supervisors to identify employees showing behavioral and physiological evidence of drug use.* Companies should provide their supervisors with training in how to observe and document illicit drug use, and how to confront the employees under their direction. Supervisors should also be trained to encourage self-reporting by employees. Supervisory training is most effective when the supervisors' role in enforcing company drug policy is clearly spelled out.

- *Establish data collection and recordkeeping procedures to assess the effectiveness of the antidrug policy.* Little hard data are available to document the incidence, prevalence, and extent of illicit drug use in the workplace. Individual companies need to conduct studies to demonstrate the effectiveness of their antidrug policy and treatment programs.

Recommendation 2. Labor unions and employee associations must promote a drug-free lifestyle among their memberships and in their communities.

Unions and employee associations are in the business of supplying a competent, well-trained, able-bodied workforce and representing those workers' collective best interests in regard to wages, benefits, safety, and health. Unions should show leadership in the war on drugs by using their memberships' manpower and information dissemination network. The sheer number of people involved can make a difference in achieving a drug-free workplace.

As already mentioned, drug-impaired employees are a danger to their fellow workers as well as to themselves. Illicit drug use among their members reduces work quality and productivity and increases absenteeism, accidents, and injuries, thereby damaging the image of the association or union. Therefore, unions have a clear responsibility to protect the health and safety of their members and their communities by educating them about the importance of being drug-free.

Recommendation 3. The Small Business Administration, with the support of other appropriate Federal agencies and private organizations, must help small businesses adopt and implement drug-free workplace policies.

Small businesses employ approximately half the workforce (45 million persons) and account for half of the gross national product. Companies with 500 employees or fewer constitute about 70 percent of total U.S. businesses; four million businesses have 10 or fewer employees. These figures underscore the need for small business involvement in achieving a drug-free workplace.

Many of the drug policy models used for larger companies will not work in the small business workplace, and most small businesses do not know where to turn for assistance in dealing with a drug problem in their workforce. The SBA, other Federal agencies, and private organizations that work closely with the small business community must develop means to help small businesses respond to the problem of illegal drugs. "No use" policies, properly implemented in small businesses, can help assure drug-free workplaces.

Recommendation 4. The Secretary of Commerce should direct an effort by business and trade associations to work together and with the community to promote a drug-free workplace.

The Secretary of Commerce should serve as a catalyst for bringing together the resources and expertise of organizations such as the Business Roundtable, U.S. Chamber of Commerce, and Service Corps of Retired Executives (SCORE) to identify, coordinate, and implement joint industry and community antidrug programs.

The Secretary should work with private sector organizations to develop a national, voluntary, drug-free workplace charter–or model drug policy–that the heads of all kinds of organizations would be encouraged to sign. To further the adoption of the charter, the names of the company executives who agree to sign could be published and those who do not could be encouraged to do so by peer pressure.

An example of a private sector workplace charter is the "Securities Firms for a Drug-Free Workplace." This charter is based on the premise that the presence of illegal drugs in the workplace and the influence of these drugs on employees are wholly incompatible with the securities industry's responsibility for the health and well-being of its employees, responsibility to its customers, and reputation in the marketplace. Consequently, the securities firms have made the following pledges:

- "Implement comprehensive drug prevention programs which strive to achieve drug-free workplaces.
- "Recognize that drug users may need assistance in overcoming their problems and offer employees with drug problems the opportunity for rehabilitation.
- "Distribute written drug policies to all employees, explaining the need to eliminate drug use in the workplace and the individual consequences of such use.
- "Require all new hires to sign policy acknowledgements.
- "Where permitted by law, test all new hires for illegal drugs.

- "Provide Employee Assistance Programs for employees to address drug problems on a confidential basis.
- "Train managers to recognize and address drug-related performance problems.
- "Communicate with employees about drug policies, Employee Assistance Programs, and program objectives–on an ongoing basis.
- "Educate our recruiting sources and the community as to the industry position on drug use."

They further pledged to implement each of these provisions as quickly as individual circumstances allow and to work toward programs that will ensure that their current employee populations remain drug-free.

Recommendation 5. Workplace liability and health insurers and workers compensation carriers should consider offering reduced premiums, associated with the reduced risk, for companies adopting antidrug policies and programs.

Companies should realize that if they are sued for an injury caused by an employee using drugs or by a defective product assembled by an employee who was an illicit drug user, lack of an antidrug policy may increase liability risks. Similarly, favorable judgments are more likely for companies with well-conceived and carefully administered drug policies that have resulted in lower accident, injury, and illness rates and reductions in workers liability and compensation costs.

Insurers should promote antidrug policies and programs in the workplace by offering companies the financial incentives of reduced premiums. They should assess the potential for illegal drug use in each situation, make individual judgments about potential liability, and set premiums accordingly. Precedent has already been established for insurers to offer reduced premiums to companies that implement risk-reducing procedures and policies.

Employees with drug problems are more likely to injure themselves and others at work than non-drug-using employees. In addition, employees may claim that their drug-related problem was caused by an accident on the job. Insurers should work closely with companies to establish criteria that, once implemented, will reduce the risk of illness, accidents, or injury, thereby better protecting employees while reducing employers liability exposure. (See also Recommendation 1 for appropriate criteria).

Recommendation 6. Any comprehensive health insurance plan should make available coverage for illegal drug use treatment and rehabilitation programs.

The Labor Department's Bureau of Labor Statistics estimates that the proportion of employees with health insurance coverage for drug treatment increased from 37 percent in 1982 to 66 percent in 1986.

Treatment and rehabilitation are costly, and any sincere effort to help employees must recognize the need for employers to work with insurers to include a comprehensive drug treatment benefit, tied into an employee rehabilitation and assistance program, in their group health plans. An employee with a drug problem may not be able to afford the cost of necessary treatment without such coverage.

Examples of Workplace Programs and Resources

1. Live for Life Program

Johnson & Johnson Corporation
Johnson & Johnson Plaza, WH-6G38
New Brunswick, New Jersey 08933
CONTACT: Anthony Herrmann, M.D.
(201) 524-3140

Live for Life is a comprehensive program designed to help employees and their families learn how to live healthier, more fulfilling, and safer lives in a drug-free environment.

2. The Baking Industry and Teamster Labor Conference

1111 14th Street, N.W.
Suite 300
Washington, D.C. 20005
CONTACT: Cynthia D. Kunz
(202) 296-5800

An example of a model labor-management collective bargaining agreement for a substance abuse and drug testing policy.

3. Drug Abuse

The Workplace Issues
American Management Association
Membership Publications Division
135 W. 50th Street
New York, New York 10020
CONTACT: Don Bohl
(212) 903-8070

Drug Abuse: the Workplace Issues is a publication that shows business how to create a drug-free workplace; it includes the alcohol and drug policy of the Philips Industries, Inc.

4. Policy for the Use or Possession of Illegal Drugs

Goodyear Tire & Rubber Company
1144 East Market Street
Akron, Ohio 44316
CONTACT: Frank R. Tully
(216) 796-4140

This publication describes a "model drug policy containing a model decision flow chart-suspicion of illegal drug usage.

5. Drug-Alcohol and Safety and Health: Policies and Programs

AFL-CIO
Building & Construction Trades Department
815 16th Street, N.W.
Suite 603
Washington, D.C. 20006-4189
CONTACT: Jim Lapping
(202) 347-1461

Drug-Alcohol and Safety and Health: Policies and Programs contains model labor-management safety and health agreements and checklists that which could form the basis for collective bargaining negotiations.

6. EEI Guide to Effective Drug and Alcohol Fitness-for-Duty Policy Development

Edison Electric Institute
1111 19th Street, N.W.
Washington, D.C. 20036
CONTACT: Edward N. Bomsey
(202) 778-6400

According to the Nuclear Regulatory Commission, this guide presents one of the best model workplace drug and alcohol programs for the energy industry.

7. International Business Machines

2000 Purchase Street
Purchase, New York 10577
CONTACT: G. Douglas Lawrence
(914) 697-6677

A comprehensive drug program including drug testing, employee rehabilitation (in-house and an employee assistance program), employee and manager communications programs, and measures to ensure confidentiality and testing accuracy.

TRANSPORTATION

A drug-free transportation system is critical to ensure the safety of millions of Americans. Nowhere else does the private choice to use drugs have more serious consequences than on our Nation's highways, railroads, waterways, and airways. Nowhere else can the irresponsible actions of even one person jeopardize the lives of so many. Illicit drug use in transportation is not a victimless crime.

Conveying people and goods–transportation–is a multifaceted, complex, and, in recent times, constantly changing activity. The transportation industry's companies and organizations are vastly different in historical development, product and service orientation, and organizational structure.

Because the industry is so diverse, no one plan of action will succeed in achieving a drug-free transportation system. In fact, success depends on establishing policies and principles that provide clear and uniform guidance, while giving each organization the flexibility to delineate procedures and implement programs that reflect its particular organizational characteristics.

Although no evidence exists to demonstrate that illicit drug use is more pervasive in transportation than in any other sector of society, the industry has an extraordinary obligation to ensure public safety and public trust. This obligation warrants that zero tolerance for drugs, on and off the job, must be the standard for the transportation industry, as it must be for private citizens who use our highways, waterways, and airways.

Recommendation 1. Every private and public transportation organization should have a strong antidrug policy that is developed and implemented by both labor and management and covers all employees.

The elements of the antidrug policy for the transportation industry are very similar to those just specified in the Workplace chapter. The applicability of these elements to transportation is described in the paragraphs that follow.

A company's primary objective in establishing a drug policy is to deter drug use and provide for the safety of its employees and the traveling public. Every public and private transportation organization–without exception–should have an antidrug policy that covers every employee from top management to part-time workers. Because each sector of the transportation industry is different (and within each sector, the "workplace" differs), the drug policies will not be exactly the same for any two organizations. Nevertheless, both labor and management should be involved in the development and implementation of each policy, and each policy should be based on the public's right to a safe transportation system and the worker's right to a safe work environment. Finally, each policy should contain a variety of complementary elements. Drug testing alone, or employee awareness programs alone, or medical treatment alone does not constitute an effective policy.

- *Prohibit the use, possession, and distribution of all illicit drugs by employees, whether on or off the job.* The goal of any drug policy is to define clearly and concisely what behavior will and will not be tolerated. For transportation, that standard is zero tolerance of illicit drug use, on or off the job. No level of illicit drug use or impairment is acceptable in the transportation workplace.

  Drug use by workers has enormous negative economic, health, and personal consequences: lost efficiency, productivity, and profits; accidents; absenteeism; crime; and high workers compensation and medical claims. Studies indicate that, on average, a person who uses illegal drugs functions at 67 percent of normal work potential, has four times as many accidents, and uses one-third more sick benefits and five times more workers compensation claims. In addition, studies show that drug use can affect individuals for hours and even days after being ingested. For example, one study of a group of volunteer subjects found that pilots performing on a flight simulator had trouble performing standard landing maneuvers as long as 24 hours after smoking marijuana. Despite this performance deterioration, the pilot subjects had no subjective awareness of impaired performance.

- *Provide for employee drug education, prevention, and public awareness programs.* A successful antidrug policy requires that employees be fully informed about the dangers of illicit drug use and the effects of illicit drugs on health and job performance. The organization should demonstrate concern for the well-being of all its employees, for the workforce's productivity, and for the preservation of a safe and secure transportation system and workplace. Employees need to know how the company intends to enforce the policy, to whom the policy will apply, and why a drug policy is being implemented. Information about prevention programs, the availability of employee assistance programs, and the consequences for violations of policy need to be clearly communicated and broadly disseminated. In addition, it is important to promote voluntary prevention activities that encourage workers to contribute directly–through peer intervention–to a drug-free transportation workplace.

- *Provide for employee assistance with treatment and rehabilitation options.* Companies should view rehabilitation as an investment in a valued employee. In addition, a rehabilitated employee can often be an asset to a company's prevention and rehabilitation program. Employee assistance in treatment and rehabilitation will vary with the transportation workforce, number of employees, location of worksites, and size and proximity of resources. At minimum, these programs, whether offered separately or through health insurance, should include the following elements:

-Diagnostic counseling and referral for treatment and rehabilitation;

-Supportive, long-term followup care, to ensure that the employee is continuing with the rehabilitation process; and

-Confidentiality.

- *Include appropriate forms of drug testing.* Drug testing, especially in safety-related and security-related occupations and industries, is an essential part of a drug policy, but it is only a part. Drug testing, whether using urinalysis or blood samples, is no substitute for sound management practices and a comprehensive antidrug policy. When properly developed and implemented in a company, drug testing, with appropriate safeguards, can be an important deterrent. Drug testing can discourage nonusers from ever beginning to use drugs; it can deter casual drug users from taking the risk of getting caught using drugs; and it can challenge drug-dependent persons to seek an alternative to drug use through counseling and rehabilitation. Drug testing can coexist with other complementary programs such as education, rehabilitation, and treatment.

  The most widely used occasions for testing in the transportation industry are before a job applicant is hired (preemployment), during employee medical examinations (periodic or scheduled), following suspected behavior (reasonable cause and suspicion), and after an accident (post-accident). Random testing, although less widely used and opposed by some in the industry, can be an important and effective deterrent to drug use. There was a strong consensus, however, that employers should use all occasions for testing, including random, for employees whose jobs directly affect health, safety and security, to ensure that they are, beyond question, fit for duty.

  No matter when testing for drugs is done, a company must guarantee that its laboratories have installed procedures to provide for quality control and chain-of-custody security for the sample. In addition, companies must make provisions for confidentiality of the test results, gas chromatography/mass spectrometry confirmation testing, certified laboratories, counseling and referral for care, and grievance procedures.

- *Guarantee confidentiality to the fullest extent possible.* A company has a responsibility to provide a structure through which employees can participate in treatment programs without suffering damage to their reputations or endangering their jobs. Fear of reprisal is a strong incentive for employees to keep their problems to themselves.

The right to confidentiality is not absolute. A company should establish procedures for referring, disciplining, or discharging employees who violate its drug policy.

- *Specify the consequences for illicit drug use up to and including dismissal for employees who do not adhere to the antidrug policy.* Antidrug policies are designed to deter drug use and to provide employees who have drug problems the necessary help to recover. However, drug policies should clearly outline disciplinary action for employees who violate the company's drug policy. If employees are unwilling to seek treatment or to rehabilitate, an organization has a clear responsibility to its other workers and to the safety of the traveling public to end its association with the drug user. Companies do not have a life-long obligation to care for employees who do not participate in rehabilitation.

- *Establish training requirements for supervisors to identify employees showing behavioral and physiological evidence of drug use.* Supervisors play a large role in establishing and maintaining a drug-free workplace. Supervisors need to be trained in how to identify drug users and how to handle workers with drug problems, taking into account the interests of the drug user, the workforce, and the company.

  The training should result in a thorough indoctrination and an understanding of the intent and specifics of the company's antidrug policy, its relevance to work performance, and potential problems associated with drug use; the ability to recognize and document employee performance and behavioral changes; knowledge about what steps to follow after identifying a drug user in the organization; and an awareness of the legal and liability issues involved in intervening with a drug user or in failing to do so.

- *Require data collection and recordkeeping to determine the effectiveness of the antidrug policy.* Companies need to evaluate which policies and programs work best and which are the most cost-effective. To do this evaluation, it is important for a company, early on, to identify the information it needs and to assign specific responsibility for data collection and recordkeeping.

Recommendation 2. Transportation industry liability and health insurers and workers compensation carriers should offer reduced premiums, associated with the reduced risk, for companies adopting effective antidrug policies and programs.

Illicit drug use can ruin a company's transportation operations. When drug use is involved, the high costs associated with settling personal injury and property damage claims from even one accident can bankrupt a company. Not uncommonly the company loses its insurance altogether.

Companies with aggressive drug programs have shown a decline in accidents and injuries. For example, at one major transportation company, accidents attributed to human error dropped 71 percent following the implementation of a drug program.

Not unlike offering reduced premiums to nonsmokers, insurers should encourage antidrug policies in the transportation industry by reducing premiums for companies with such policies and programs. Insurers should assess the possibility of illegal drug use in each situation, make individual judgments about potential liability, and set premiums accordingly. This incentive approach would help reduce the risk of illness, accidents, or injury, thereby better protecting employees and reducing employers' liability exposure.

Recommendation 3. The transportation industry should promote public awareness, especially among young people, that illicit drug use is not tolerated among workers in the transportation industry.

Young people often dream of growing up to become airline pilots, truck drivers, ship captains, railroad engineers, or bus drivers, so transportation workers are in a good position to be role models for tomorrow's transportation workforce. Transportation employees have an excellent opportunity to spread the zero tolerance drug message by word and deed to these young people.

Several transportation companies have already taken such steps to spread the antidrug message. For example, Yellow Freight Systems, Inc., a major interstate trucking operation, drives a tractor-trailer from city to city and uses it to promote highway safety. Among the more than 100 films on board are movies about the effects of using drugs while driving on the highways. The tractor-trailer visits high schools and colleges for career days and conducts training seminars for truckers and shippers.

Burns Brothers, Inc., owner of 23 Burns Brothers and Bingo truckstops west of the Mississippi River, sponsored the world's largest truck convoy against drugs in 1987. The convoy, which included as many as 300 trucks crossing through seven states, showed the trucking industry's concern about illegal drug use. As the convoy passed through town after town, local civic groups joined the truckers in "Just Say No" rallies.

Railroad employee-based, voluntary, prevention drug programs such as "Operation Red Block" at Union Pacific and CSX Transportation, Inc., and "Operation Stop" at Burlington Northern have initiated a wide variety of creative community activities that promote no drug use. Among their efforts are health fairs, "Just Say No" rallies at schools, 10-kilometer runs, golf tournaments, softball tournaments, after-prom parties, and speeches to community groups on the drug problem and its effects on families. Every one of these alcohol- and drug-free activities teaches or reminds people how to have fun without drugs and alcohol.

Transportation employees have many other opportunities to become involved in the antidrug effort through career days, visits to schools, tours of transportation equipment and facilities, public service announcements, speeches, and other community outreach efforts. As young people understand the career demands of the transportation industry, they will know that staying away from drugs is essential to performing well.

Recommendation 4. The Federal Government should pass legislation to encourage States to set "no use" of illicit drugs as the standard for all transportation operators, whether commercial or private (not-for-hire), and to assess penalties toward States that do not comply.

Public safety demands that actions to prevent drug use in transportation not be limited to commercial operators. Private operators of motor vehicles (trucks, automobiles, motorcycles, and vans) sharing the highways with commercial operators have an equal responsibility for ensuring a safe and drug-free transportation system.

Private operators of motor vehicles who use drugs are as much a threat to public safety as commercial operators. Consequently, all vehicle operators should be held to the same "no use" standard. States should strengthen their highway traffic safety laws to include a "no use" standard for using illicit drugs in all transportation operations. This would send a clear message to private and commercial motor vehicle operators alike that illicit drug use will not be tolerated.

State "no use" laws and regulations should:

- Mandate drug use education as a standard requirement in granting a motor vehicle license;
- Require that a motor vehicle operator consent to a drug test if, on the basis of probable cause, such a test is requested by a law enforcement officer; and
- Require stiff penalties, mandatory jail sentences, and mandatory suspension or revocation of licenses for persons convicted of drugged driving.

Recommendation 5. The Department of Transportation should establish a clearinghouse to collect, identify, and disseminate information about model antidrug policies, regulations, legislation, and standards.

To respond to the immediate illicit drug problem in the transportation industry, the Department of Transportation should take the lead in providing information and education about effective antidrug programs, legislation, and policies. Specifically, the Department of Transportation should establish a clearinghouse for information about proven methods, standards, programs, and processes for eliminating the use of illegal drugs from transportation. Because segments of the transportation industry already have some proven drug policies and programs in place, a clearinghouse would be most helpful to companies that are daunted by the enormity and complexity of the drug problem, shrink from the inevitable first-time mistakes that result from trial-and-error methods, or need the assurance of success or a mandate to prompt their action.

Recommendation 6. The Department of Transportation should establish a Drug-Free Transportation Working Group composed of public and private sector experts, including operations personnel, to address the long-range issues involving drug use and transportation.

The working group should take the following actions:

- Identify appropriate data collection elements so that transportation companies can implement comparable data collection systems;
- Identify cost-benefit elements for companies to use in developing drug policies;
- Sponsor an annual drug-free transportation conference to update and disseminate information about public and private sector initiatives and to identify areas for additional corrective action; and
- Advise the Secretary of Transportation about potential problems, areas needing corrective action, and mechanisms for achieving a drug-free transportation system.

The Government, employers, and unions have an obligation to develop and disseminate accurate data showing the prevalence and consequences of illegal drug use in the various sectors of the transportation industry. Transportation is not a one-dimensional activity, and the character, function, and development of maritime operations are as different from those of truckers, bus operators, and car drivers as oceans are from roads. Notwithstanding these differences, the transportation industry is becoming increasingly intermodal in its operations, and the need to develop, collect, monitor, and evaluate relevant data, including those about drug use, is industrywide.

Creation of the Working Group acknowledges the changing nature of transportation, the immediacy of the drug problem, and the industry's enormous responsibility for public safety. The Working Group would help the Department of Transportation identify the critical drug problems in the industry and the public and private resources that could be brought to bear on solving the problem.

In addition, this group could serve as the catalyst for initiating the information clearinghouse within the Department of Transportation disseminating information about the existence and functions of this service within their sectors of the transportation industry.

Examples of Transportation Programs and Resources

The programs cited below are just a few examples of the many programs concerned and dedicated Americans are conducting to reduce illicit drug use in our Nation. This list is by no means complete.

1. **Operation Red Block**
Union Pacific Railroad
1416 Dodge Street, Room 325
Omaha, Nebraska 68179
CONTACT: Darrell Sorenson
(402) 271-3589

Operation Red Block
CSX Transportation, Inc.
500 Water Street
Jacksonville, Florida 32202
CONTACT: Daniel Bowen
(904) 359-3337

Operation Red Block is a labor-developed, company-adopted drug prevention and intervention program. The program emphasizes awareness, education, and prevention of illicit drug use through union-led prevention committees. The program aims to change attitudes, to reduce the tolerance of nonusers to job-related drug and alcohol use, and to encourage users to seek assistance.

2. **Operation Stop**
Burlington Northern Railroad
Suite 890, Continental Plaza
777 Main Street
Fort Worth, Texas 76102
CONTACT: Tyrone Owens
(817) 878-3086

Operation Stop is an employee-based, company-sponsored, voluntary, peer referral program that emphasizes drug awareness, education, and prevention through committees made up of employees. The aims are identical to those of Operation Red Block.

3. **Operation Full Ahead**
American Steamship Company
3200 Marine Midland Center
Buffalo, New York 14203
CONTACT: David Schultze
(716) 854-7644

This joint labor-management program promotes the health, safety, and well-being of the company's employees. The principle on which the program is based is that all the employees are entitled to a safe ship on which to work and live.

SPORTS

Beginning on the playgrounds and continuing through grade school, high school, college, and the amateur elite and professional ranks, athletics provides a common bond in American culture. People from all walks of life share the joys and pain of competition, as participants and as spectators.

Illicit drug use among athletes is shocking to Americans who feel admiration for sports figures, both amateur and professional. While millions of Americans use illegal drugs, it is the athlete whose drug use makes headlines, hurting family and friends, and disappointing the many who marveled at his or her skills.

The problem of illegal drugs, of course, is not unique to athletics; it exists in every area of American life. Illegal drug use should not be tolerated in the community of athletics any more than in other areas of life and just as every other segment of society must work toward ending the crisis of illegal drugs, so must sports. In fact, because of the importance Americans have always placed on the role of sports in our society and the status we have always accorded athletes as role models and opinion-makers, the American public expects athletes to provide clear leadership in the effort to eliminate the use of illicit drugs.

While acknowledging the limits of the mandate of the Conference, the Drug-Free Sports Committee of the White House Conference also considered the problem of legal drugs and certain medical practices being used to unfairly increase an athlete's competitive advantage. These include anabolic steroids, stimulants, diuretics, and pain-masking drugs and practices such as blood doping and detection avoidance. The Sports Committee regards the attitudes and enabling behavior that encourage or permit such activity as unacceptable in the community of athletics–damaging both the health of the athlete and the integrity of sports competition. Accordingly, the Sports Committee Workshops encourage sports institutions and governing bodies to take firm action to eliminate the conditions that facilitate the use of banned performance-enhancing drugs or practices.

Recommendation 1. Athletes at all levels must make the personal commitment to remain drug free.

The use of illegal drugs poses a serious risk to the health – indeed, to the life– of an athlete. Drug use is certain to damage performance, thereby shortening an athletic career.

Athletes have a greater reason, perhaps unique in American society, for living drug-free lives, because, whether by choice or not, their behavior influences the behavior of fellow athletes as well as that of friends and fans. This public admiration and visibility imposes a responsibility which simply cannot be abrogated–a responsibility to be drug-free. Athletes cannot forget that their behavior is subject to emulation by impressionable fans, and we must never tolerate the message that drug use is compatible with athletic performance. The athlete must reject illicit drugs and fight their use by example and by deed–working to help others avoid entering the world of illegal drugs.

In recognition of how important it is for athletes to live drug-free lives and to encourage others to do the same, some amateur and professional athletes have already begun to speak out against drugs. These spokespersons have increasingly been joined by high school and college athletes who also want to speak out. Such action must be supported and encouraged.

Recommendation 2. Organized sports institutions should design and implement comprehensive anti-drug policies.

Organized sports institutions at all levels–from youth competition through high school, college, amateur and professional ranks–must, by attitude and action, foster drug-free sports. A comprehensive policy should include education about the harmful effects of illegal drug use, clear rules prohibiting the use of illegal drugs with equally clear consequences for violating the rules, effective procedures for intervention, responsive treatment when needed, and followup. While it is the athletic institution that establishes the policy, it is the obligation of the entire sports community–athletes, coaches, trainers, teachers, administrators, officials, and parents–to understand, support and abide by that policy.

At the professional level, employer-employee relationships require that anti-drug policies must be regarded as are other policies for the workplace (see also Workplace Recommendation 1). It is in the best interest of everyone involved with professional sports to erase any suspicion of illegal drug use anywhere in the sport. To achieve this goal, players, players associations, coaches, owners, and league officials must work together to assure a cooperative and comprehensive response to illegal drugs.

At collegiate and scholastic levels, schools must provide rules concerning illegal drug use that are applicable to the entire student body, not solely to the athlete. In fact, the White House Conference (Education Recommendation 1) strongly encourages every local school board and school to establish and enforce strict "no use" policies for all students and school personnel. Schools and their athletic governing bodies simply cannot afford to permit drug-using athletes to participate in competition, and comprehensive antidrug policies are an important mechanism to protect the institution and the athletes alike.

Student-athlete codes of conduct, developed at the secondary school level by schools and local school boards, are needed because student-athletes are role-models. The codes provide a set of expectations to promote the health of the athlete and to preserve the integrity of the sports program. These codes include the responsibilities of the institution to provide education about illegal drugs, instruction about healthy life styles and prevention skills to enable students to resist peer pressure and to help formulate values that support drug-free attitudes and behavior. The codes must also provide clear standards of behavior for athletes and equally clear responses and commensurate sanctions for their violation.

At every level of sports, coaches also have crucial roles to play in helping athletes to understand and abide by the "no use" drug policy and to avoid illegal drugs. They can do so by remaining drug-free, by clearly communicating and repeating throughout the year school antidrug policies with athletes and parents, by learning the signs of drug use by athletes, and by becoming aware of prevention and intervention resources within their communities. In order to be effective, all coaches must receive adequate training about illicit drugs. This training should be required of all high school, collegiate and professional coaches.

Drug testing should be used as an element of a comprehensive antidrug policy. Drug testing has been shown to be an effective deterrent as well as a mechanism for early detection of drug use, thereby helping protect the athlete's health. By itself, drug testing is not a panacea, and unless it is a component of a comprehensive antidrug program that includes education, intervention, treatment and followup, testing is inappropriate. When drug testing is conducted as part of a regular physical exam, for specific cause, or as a random procedure, it should be done in a way that guarantees reliability, accuracy, and confidentiality and with a system to handle results properly.

Recommendation 3. Sports organizations, amateur and professional, should ensure that their activities and their members do not promote, endorse, or condone the illegal consumption of alcohol or the abuse of alcohol.

Sporting events are often associated with the sale or promotion of alcohol. Participants sometimes wear on their uniforms or equipment the symbols or slogans of companies that produce alcoholic beverages, and sports celebrations are frequently marked by the use of alcohol. The fact that advertising of alcoholic beverages is so closely associated with sports is of grave concern because it sends a mixed message to youth viewing the event: that the use of alcohol is not only acceptable to, but actually supported or endorsed by athletes.

Sports organizations and advertisers should avoid using athletes now in competition to display symbols or slogans for alcoholic beverages on their uniforms or on their personal or sports equipment, and sports celebrations that involve alcohol should be discouraged. Incorrect messages about alcohol consumption–that it enhances one's lifestyle or athletic performance, that it is an appropriate reward for achievement or an essential element in celebrations, or that it is acceptable for youth–must be avoided by every athletic institution.

Recommendation 4. Parents and guardians should be involved in every aspect of their children's athletic development.

Parents and guardians have an integral role to play in ensuring that their children are involved in drug-free sports activities. Without their active participation, drug-free sports may be impossible to achieve.

Coaches and other officials require the help and support of every parent of a participating child if a drug-free program is to be assured. Parents can help make sure their children are involved in drug-free sports by being involved in the following activities, which should become part of every sports program:

- *Attendance at preseason meetings and educational workshops:.* Every sports program should require the attendance of parents at preseason meetings that provide information to the parents on drug related issues and discuss team policy on drug use.

- *Support of rules concerning the conduct of athletes.* Once an athletic program has established policies and codes of conduct and has explained them, parents should be required to support them. It is essential that an athletic team have full support of all parents for its policies and procedures.

- *Demonstration of responsible behavior.* Parents must serve as positive role models for their children. Parents must be aware that children very often emulate their every action, good as well as bad, so children may use the behavior of a parent as an excuse for their own behavior.

Examples of Sports Programs and Resources

The programs cited below are just a few examples of the many programs concerned and dedicated Americans are conducting to reduce illicit drug use in our Nation. This list is by no means complete.

1. **Simi Valley High School**
1402 Royal Avenue
Simi Valley, California 93065
CONTACT: Glenn Lipman
(805) 527-3232

The Athletic Department at Simi Valley High School has fashioned a very successful, tough, compassionate antidrug program for its athletes, including drug testing.

2. **National Basketball Players Association**
15 Columbus Circle
New York, New York 10023
CONTACT: Charles Grantham
(212) 541-6608

National Basketball Association
645 5th Avenue
New York, New York 10022
CONTACT: Carolyn Blitz
(212) 826-7000

The Commissioner's Office of the National Basketball Association and the Players Association have worked together to develop a comprehensive policy and program to rid professional basketball of illicit drug use. The policy, forged as part of contract negotiations, has the support of players, coaches, and management.

3. **Women's Sport Foundation**
342 Madison Avenue
Suite 728
New York, New York 10173
CONTACT: Deborah Anderson
(800) 227-3988
(212) 972-9170

This organization is helping to lead the battle to end illicit drug use in amateur and professional athletics. The Foundation, which is a nonprofit effort to foster competitive opportunities for girls and women, has been at the forefront of efforts to protect athletes from illicit drug use and the abuse of legal drugs and alcohol.

4. United States Olympic Committee

1705 E. Boulder Street
Colorado Springs, Colorado 80909
CONTACT: Dr. Robert Voy
(303) 578-4574

Perhaps no one has had more experience with preventing the use of illicit drugs by athletes than the Olympic Committee. The Committee has extensively worked to make Olympic competition drug-free through the use of drug testing, prevention, and other education efforts. The Committee also has generated widespread international cooperation on these issues.

5. TARGET

National Federation of State High School Associations
11724 Plaza Circle
Kansas City, Missouri 64194
CONTACT: Richard Stickle
(816) 464-5400

TARGET is a nonprofit service organization dedicated to helping students cope with alcohol and other drugs. Associated with the National Federation of State High School Associations, TARGET's audience includes student athletes, debaters, coaches, administrators, parents, and others involved in extracurricular activities.

6. National Collegiate Athletic Association

Nall Avenue & 63rd Street
P.O. Box 1906
Mission, Kansas 66201
CONTACT: Frank D. Uryasz
(913) 384-3220

The National Collegiate Athletic Association (NCAA) provides extensive resources for drug education for student-athletes in its member institutions, provides funding to assist allied conferences in their drug education programs and places great emphasis on drug prevention in its youth programs: "YES (Youth Education through Sports) Clinics" and "National Youth Sports Programs." Drug education brochures are distributed to more than 100,000 freshmen in member institutions each year. The NCAA conducts a comprehensive drug-testing program for student athletes participating in its National Collegiate Championships and in postseason football bowl games.

7. Minnesota Grand Masters Hockey Classic

MGM/HC
1720 North Basswood Avenue
Duluth, Minnesota 55811
CONTACT: Mark P. Heaslip
(218) 727-3647

MGM/HC utilizes the talents and positive role model potential of Olympic and professional hockey players in an on-going series of two-day benefit games held in Duluth, Minnesota. Monies go towards drug and alcohol prevention programs for schools and communities in the midwest. Emphasis is on leadership development, refusal skills and drug-free sports education for a network of students, parents, coaches, educators, community and business leaders.

PUBLIC HOUSING

Public housing is a reflection of the community at large. The problems of illicit drug use, drug sales, and drug trafficking in public housing units vary from development to development and from community to community. Many people believe drug use is inevitable in public housing but this is not necessarily so.

A majority of the millions of people living in our public housing complexes are, like their neighbors in other communities, honest, hardworking people who want to rid their housing complex of the scourge of drugs. They want their development to be a place where they and their children can live, play, wait for a school bus, and visit neighbors without having to confront drug users and sellers and without getting victimized by the criminal activities that users are involved in to support their habit.

The sale and use of illicit drugs in public housing are not inevitable. They can be prevented. But in order to do so, public housing residents, public housing authorities, and community officials will have to work together to develop and implement policies that recognize the special needs of public housing residents and treat them as they would residents of other communities.

> **Recommendation 1. Public Housing Authorities (PHAs), in cooperation with residents, local government officials, law enforcement authorities, and support groups in the private sector should develop and implement procedures that are designed to end drug use and sales in public housing developments.**

These policies should include the following:

- Making drug treatment and prevention information and resources available to all PHA residents and employees.
- Offering PHA employees who use drugs access to treatment services before taking punitive action.
- Notifing police immediately of any employees involved in drug trafficking.
- Screening potential PHA employees for previous drug-related arrests and convictions. Priority should be given to applicants without such offenses.
- Screening potential PHA residents for past illegal or disruptive behavior.

- Establishing procedures for the active involvement of PHA residents in creating drug-free public housing developments.

- Establishing and implementing procedures to ensure that PHA residents can be immediately evicted for being convicted of drug-related offenses or for allowing their units to be used for illegal activities.

- Allocating space for meetings of Alcoholics Anonymous, Narcotics Anonymous, Al-Anon, and other self-help groups.

- Immediately boarding-up or rerenting vacant apartments.

These policies by themselves will not end drug use in public housing, but they will provide tools every PHA can use to help prevent and eliminate drug use and sales in their housing developments. The next paragraphs describe in more detail how these policies affect PHA employees and residents, and how the PHAs can encourage the community at large to help.

- *PHA employees.* When PHA employees are involved in the sale or use of drugs, strategies for ridding housing developments of drugs will be compromised. The PHA and its employees set the tone for residents and the community of tolerance or intolerance for drug activities. Failure to respond forcefully to drug use among PHA employees will create skepticism among residents and among law enforcement officials about the commitment of the PHA to attack drug problems.

  Employees must be aware of PHA policies about drug involvement and of the specific consequences for involvement, which can include treatment, sanctions and, ultimately, dismissal. Treatment may be an appropriate response to drug use by employees, at least when the use is first detected, but employees who sell drugs, or protect persons who do so, should be immediately dismissed and the police should be notified. (See Workplace Recommendation 1.)

- *PHA residents.* Because the leases between residents and PHAs delineate standards of conduct as well as responsibilities of the residents and the PHA, they can be an effective tool in responding to illicit drug use or sales involving residents. PHAs should ensure that leases permit the eviction of residents convicted of drug offenses, and that such evictions occur quickly. PHAs should also use the leases to evict lease holders for permitting illegal activities in their units and for violating income limits as a result of dealing in drugs. These policies require a mechanism for rapid transmittal of arrest data from local police and for review of these data by the PHA. Prompt action is necessary to stop continued sales and to demonstrate to other residents that drug involvement will not be tolerated. The Omaha, Nebraska, Housing Authority successfully petitioned its State legislature to reduce the eviction time from 30 days to 3 days; this curtailed eviction time is working very well.

Vacant housing units can become havens for drug dealing. PHAs should make every effort to put these units back into use as quickly as possible. Law-abiding families on PHA waiting lists and PHA residents will be better served if vacant units are rapidly rerented rather than permitted to exacerbate the drug problem.

PHAs should make every effort to get the community involved in all their drug-free public housing activities, because the community has a stake in helping PHAs successfully deal with illicit drug use by their residents. PHAs should provide meeting space in the housing developments to Alcoholics Anonymous, Narcotics Anonymous, Al-Anon, Al-Ateen, and other self-help groups to encourage participation by residents. Also, PHAs need to provide safe, drug-free places in the housing development for young people's recreational activities. PHAs should encourage civic, service, and social organizations in their communities to help start other positive, productive activities for the residents—adult and youth alike. (See also Recommendation 4 below.)

PHAs should get residents involved in developing antidrug policies and activities, and should foster an active partnership with adult and youth residents to carry out antidrug action plans. PHAs, working with Private Industry Councils (which are made up of local business leaders), can start job-training programs for residents or help the residents start their own businesses, like the window-screen and shade-making operation in the Chicago Housing Authority. Housing Authorities in Pittsburgh, Pennsylvania and Richmond, Virginia started college scholarship funds for their young residents. Such opportunities for residents can be designed to promote drug-free lifestyles and to reinforce the notion of zero tolerance for illegal drugs in housing developments.

Recommendation 2. Public housing residents must take every action to keep their housing units and their developments free of drugs.

Residents are more aware than anyone else of the drug problems in their housing developments, and can help identify persons involved in the drug trade. Moreover, residents obviously have the biggest stake in ridding their developments of drugs. Residents, like PHAs, have a responsibility to make their public housing drug-free. Law-abiding residents should work with law enforcement officials to develop ways that the residents can report drug-related activities and other crime without being subject to reprisal by the criminals themselves. In cooperation with law enforcement personnel, Block Watch programs, and other antidrug and crime prevention strategies can be developed. Resident Monitor programs, which help residents create a cohesive spirit within the development, can be started; Kansas City, Missouri Housing Authority has an exemplary program.

By working together, residents can have a powerful voice in securing the necessary commitment and involvement of police, the PHA, drug prevention and treatment specialists, and the State and local governments. Like all Americans, residents can show their disapproval of a mayor or county council at the ballot box. The residents' commitment to drug-free communities requires that they themselves do not use drugs, and that their housing units are not used for illegal activities. Although PHAs can use eviction to handle troublesome residents, residents can impose substantial peer pressure on their neighbors to show that drugs will not be tolerated.

Residents should also get involved in their childrens schools, to help assure that they are safe and drug-free. Like parents everywhere, they should learn what the signs of drug use are and where to go for help for their children. Organizations such as the National Federation of Parents for Drug-Free Youth and Parents Resource Institute for Drug Education (PRIDE) should attempt to do more work with public housing residents.

Recommendation 3. Municipalities and county governments should provide the same level of municipal services to public housing developments that they provide to every other part of the community.

Local governments should not accept illicit drug use in public housing any more than they should accept it elsewhere in their jurisdiction. Many public housing developments receive inadequate services from local governments which carries the message that public housing is a second-class community unworthy of the city's best, or even equal, efforts. Regular building code inspections, adequate sewer and power services, regular trash pickup, bus service, and road maintenance, as well as law enforcement, can help forestall the physical decay that often contributes to the drug problem. The level of services needed should be determined according to the PHA contractual relationship with the local government, the population of the development, and the visible needs of the public housing development.

Federal and State governments should consider appropriate remedies or administrative penalties for not providing equitable services to public housing developments. Appropriate penalties such as the suspension or reduction of Federal assistance to the municipality or the levying of per-day fines should be imposed. Taxes paid by the PHA to the local government could be put in escrow until the level of services is equal.

Recommendation 4. Community groups should establish programs for youth emphasizing drug-free lifestyles in public housing.

Frequently, the residents of public housing do not have access to the same civic, social, and support organizations that are available throughout the rest of the community. Young people make up the majority of residents; an estimated 4 to 5 million young people living in public housing are unable to participate in activities such as Boys and Girls Clubs, Scout meetings, anti-drug programs, or tutorial sessions, because of a lack of opportunities onsite or a lack of transportation. Isolated housing developments may become "islands of despair," where the lack of positive, drug-free activities leave children more vulnerable to far deadlier recreation: drug use and sales.

Young people in public housing need to have places to go for recreation where violence and drugs are actively excluded. These "safe sites" provide youth the prospect of a drug-free future. When community groups and organizations such as Boys Clubs, Boy Scouts, Girl Scouts, and Just Say No Clubs come into public housing, they can help teach youth that drug use is not the "norm" in the world.

As already mentioned, PHAs must help to provide these "safe sites." Unfortunately, some people do not want to work in public housing. To give residents equal access to these groups, tax incentives or United Fund priority should be given to organizations that work in public housing and donate goods to the residents on the PHAs. The United Fund and Federal and State governments should consider denying further funding to any organization that demonstrates a pattern of avoiding involvement in public housing. Governments should not support such discrimination.

A wide range of organizations in the larger community can help make public housing a better place. The Shreveport, Louisiana, PHA, working with Boys Clubs, the Salvation Army, Louisiana State University, the Shreveport Police Department, the local Kiwanis Club, and private businesses developed a comprehensive program– "Kids at Risk"–for the youth in the Wilkinson Terrace Development. In 10 weeks the program produced dramatic effects. No vandalism of vacant units took place, and there were no break-ins or other problems that involved the police. Drug involvement by youth was clearly reduced as well. A nearby mall also reported no arrests of juveniles from Wilkinson Terrace after the program began.

Services also need to be provided for adult residents. These adults, much like residents in the community at large, experience a range of problems and require access to organizations that can help them deal with these problems. Perhaps most important, drug treatment and education programs and health clinics should be located in public housing developments to provide accurate information about the terrible effects of illicit drugs and to provide assistance close at hand for residents desiring to end drug dependency. The PHA, working closely with a variety of community resources, can promote a healthier, drug-free lifestyle for every resident.

Recommendation 5. State, county, and municipal governments should provide adequate law enforcement services to public housing developments.

In some cities, municipal police have been reluctant to undertake a visible, active presence in public housing. The reasons, which are varied, may reflect local politics, friction between residents and police, or a serious lack of coordination between the PHA security force and local police departments. Whatever the reason, police departments have a responsibility to protect the life and property of public housing residents just as they do to protect people in every other part of the community. Police services should be adequate to deal with disorder and crime, including drug-related activities. For example, if the drug situation in public housing calls for additional police coverage, the local government should provide the supplemental assistance required until the drug trade is more effectively controlled.

Like any other outside organization, police working in public housing should be aware of cultural sensitivities and should ensure that the police presence is respectful and consistent. Bad police-community relations can make public housing more dangerous to both the police and residents. For example, residents may not report drug sales to police because they do not know whom to call and probably fear retribution. A widely posted phone number can help, as can the Neighborhood Watch and the other anticrime drug programs mentioned earlier. Placing police officers on foot patrol provides a consistent, visible sign of the police department's involvement in the development.

The Orlando, Florida, Police Department worked with the Orlando Public Housing Authority to establish a storefront precinct next to a development. Officers with effective community relations skills began to work with the residents there. Over time, residents gained confidence and began to provide information on drug activities and other crime. The number of drug arrests increased, the extent of visible drug activity significantly declined, and police-community relations greatly improved.

Like other private apartment complexes, large PHAs may want their own private security personnel. In most cases, PHAs require only enough security personnel to monitor problems and to report them to the police for appropriate action; the remaining PHA security funds can be used to supplement the number of local police assigned to the housing developments. Although in some areas private security has been effectively used to supplement the local police, in other areas the presence of private security forces has permitted local police to largely ignore public housing, leading to a further separation from the rest of the community.

Recommendation 6: At least two percent of the Department of Housing and Urban Development's (HUD) Comprehensive Improvement Assistance Program (CIAP) funds should be made available to PHAs for antidrug initiatives.

Currently 10 percent of the $1.7 billion appropriated for fiscal 1988 CIAP, established under the Community Development Act of 1980, is allocated for general improvements in management, under which antidrug activities are an eligible item. These funds are awarded competitively, so antidrug initiatives compete with other management improvements, like computers. Drug problems in public housing are so severe that PHAs should have the means to hire antidrug coordinators, produce antidrug materials for their residents and employees, and co-sponsor necessary antidrug initiatives without removing funds from other needed areas. The funds earmarked for antidrug programs should be awarded competitively, should require matching funds from the communities, and should be used for specific activities that could not take place without the CIAP funds. Furthermore, PHAs should receive funds for drug treatment, education, and enforcement programs only upon demonstrating that other community resources also will be used to carry out these activities.

Letters of support and agreement from appropriate State, municipal, and private institutions should be included in any funding request to ensure that the proposed antidrug plan has necessary community support. In addition, such programs should be evaluated, and information about successful programs should be disseminated among PHAs.

Recommendation 7. The Department of Housing and Urban Development (HUD) and associations such as the National Association of Housing and Redevelopment Officials, the Council of Large Public Housing Authorities, the Public Housing Association, the Public Housing Authorities Directors Association and the National Tenants Organization should provide training on drug-free public housing techniques to PHA staff, residents, drug treatment and prevention experts, law enforcement officials, and the private sector.

Nationwide, drug-free public housing depends on communication, training, and networking. Major organizations concerned with the quality of life in public housing should make sure that antidrug efforts are prominently featured on all national and regional meeting agendas. HUD and the National Association of Housing and Redevelopment Officials have set an excellent example through their national and regional Conferences on Drug-Free Public Housing. State and local governments and PHAs should continue these conferences and develop other training sessions to ensure that all interested residents, PHA staff, and other members of the community have the necessary knowledge and tools to rid public housing of illicit drugs.

Examples of Public Housing Programs and Resources

The programs cited below are just a few examples of the many programs concerned and dedicated Americans are conducting to reduce illicit drug use in our Nation. This list is by no means complete.

1. Department of Housing and Urban Development

National Association of Housing and Redevelopment Officials
National and Regional Conferences on Drug-Free Public Housing
451 7th Street, S.W.
Room 10214
Washington, D.C.
CONTACT: Hetty Dick
(202) 755-8247

The Department of Housing and Urban Development and NAHRO have provided extensive information more than 2,000 Public Housing Authority management personnel and residents on what they can do to make public housing drug-free.

2. HUD's Drug-Free Public Housing Speakers Bureau

451 7th Street, S.W.
Room 10214
Washington, D.C.
Contact: Hetty Dick
(202) 755-8247

HUDs Drug-Free Public Housing Speakers Bureau provides the names of experts to speak on drug treatment, law enforcement, and prevention programs in general, and on particular public housing problems related to drugs.

3. Baltimore Housing Authority Just Say No Program

222 E. Saratoga Street
Room 400
Baltimore, Maryland 21202
CONTACT: Anita Chavis
(301) 396-4539

The large number of Just Say No clubs in the Baltimore Housing Authority's program has served to unite the residents in their commitment to a drug-free living environment. Their recent annual rally drew more than 2,000 young people.

4. Boys and Girls Clubs in Shreveport, Louisiana, Public Housing

Salvation Army Boys and Girls Club
147 E. Stoner
P.O. Box 1158
Shreveport, LA 71163
CONTACT: Daniel Lyons
(312) 424-3200

The Kids at Risk program of the Boys and Girls Clubs has caused a marked decline of vandalism, thefts, and muggings in the Wilkinson Terrace public housing development.

5. College Scholarships for Young Public Housing Residents

P.O. Box 26887
Richmond Redevelopment and Housing Development
Richmond, Virginia 23261
CONTACT: Jerry Crews
(804) 644-9881, ext. 137

Housing Authority of the City of Pittsburgh
200 Ross Street
Pittsburgh, Pennsylvania 15219
CONTACT: Daniel Pietragallo
(412) 456-5012

The Richmond, Virginia, and Pittsburgh, Pennsylvania, Housing Authorities, with the help of private funding, award college scholarships to young public housing residents on the basis of antidrug essays.

6. Orlando, Florida, Police Department

P.O. Box 913
Orlando, Florida 32802
CONTACT: Dan Wilson
(305) 849-2401

The Orlando, Florida, Police Department's storefront precincts around a public housing development have reduced the level of illicit drug use and crime in that area.

7. Kansas City, Missouri, Housing Authority

200 Paseo Street
Kansas City, Missouri
CONTACT: Lyde Doston
(816) 842-2440

The Kansas City, Missouri, Housing Authority has a model resident monitoring program in which residents learn to take charge of their environment. It provides information on illicit drugs and crime prevention.

8. San Antonio Housing Authority's Community Cultural Arts Organization (CCAO)

P. O. Drawer 1300
San Antonio, Texas 78295

Funded by private industry, CCAO fund raising, the City of San Antonio, and the San Antonio Housing Authority, this project involves youths from Public Housing that channel their energies into the arts. Their award winning murals programs are not only an alternative to drugs but prevents unsightly graffiti in Public Housing.

MEDIA AND ENTERTAINMENT

The news media and entertainment industries (hereafter referred to as "the media") have an undeniable responsibility to become full partners with the Government and the public in the war against illicit drug use. For too long some media have glamorized illicit drugs and portrayed their use as socially acceptable. Americans saw people casually using illicit drugs in the movies and on television. Musicians urged audiences to turn to drugs as a way of life. The gatekeepers of national news were often viewed as unresponsive to attempts to fight illicit drug use.

The media have a powerful impact on American attitudes and culture. Advertisers advertise, entertainers entertain, and news people disseminate news because viewers and listeners are influenced by what they see, read, and hear. The power of the media provides a singular opportunity to reach almost every American and to penetrate virtually every home or office with important information about illicit drugs.

Although the media have certainly been part of the problem, the media must also become an ever-growing part of the solution. Fortunately, many members of the media recognize this fact, and have been diligently and successfully working to help make America drug-free, as evidenced by the quality and calibre of concerned media participants in the White House Conference. They understand that glamorous and tolerant portrayals of illicit drug use have contributed to social acceptance and widespread use. Yet much more needs to be done. America needs clear, strong antidrug messages to end the atmosphere of tolerance. Our Nation's media are uniquely situated to deliver these messages.

Recommendation 1. Every segment of the media and entertainment industries must ensure or continue to ensure that its programming avoids any positive portrayal of illicit drug use, and that responsible industry executives reject as unacceptable any programming that does not meet this standard.

For too long, some members of the media have hidden behind a veil of excuses. They have argued that the role of media is to picture life as it is–an argument that permits them to deny responsibility for the visions of life they present and for their influence in shaping the opinions of millions of Americans.

Over-the-air broadcasters have, however, over the past few years, made enormous strides in this area. Through their programming, radio and television stations have raised public awareness and have institutedthousands of local community public service campaigns to address illegal drug use. More must be done to involve every broadcast outlet as well as cable and print sources in this effort.

During the White House Conference, numerous instances of media glamorization and tolerance for illicit drug use and drug-using lifestyles were documented. Movies, music, television, and virtually every form of the media have been responsible for implicitly "selling" drug use by making it appear attractive, acceptable, even glamorous, and of little, if any, risk.

The media and entertainment industries, and their leaders, must make a sincere, long-term commitment to oppose the use of illegal drugs. Those who create and those who disseminate programs, films, music, advertising, news, and all the myriad forms of broadcasts and publications to which Americans are exposed must carefully consider the content, to ensure that it includes no messages that promote tolerance of illegal drug use.

Media executives must accept personal responsibility for vigilance, because, as the public becomes increasingly aware of the role of the media in the fight against drugs, bad judgment will translate into bad ratings. Local station executives, producers, publishers, and sponsors are among those who have the responsibility to reject unacceptable material.

This recommendation does not advocate censorship, legislation or regulation of any kind. Voluntary industrywide standards, if strictly enforced by the industry itself, may be an appropriate means to achieve the effects sought by this recommendation. Standards would also enable the public and the Congress to assess the progress and accomplishments of all types of media.

Recommendation 2. Every segment of the media must establish a comprehensive public campaign against illicit drug use.

Beyond avoiding the glamorization of illicit drug use, the media must educate Americans about the harmful effects of illicit drugs and encourage people to become and remain drug-free. The media, as communicators to the American public, have tremendous opportunities to create and foster a drug-free America. To begin, members of the media, whether in front of the cameras or spotlights or behind them, must convey a credible antidrug message by personally remaining drug-free.

The media also have a responsibility and an opportunity to help inform Americans about the dangers of illicit drug use. Public service announcements, other drug awareness information efforts, accurate and responsible news coverage, and support for antidrug initiatives all help Americans understand that illicit drugs are addictive and deadly, as well as illegal. New media technologies, such as cable networks, satellite networks, and interactive video, should become part of the effort to expand the reach of antidrug messages.

Parents have a duty to help their children remain drug-free, both by word and deed. The media must foster and reinforce positive parental behavior and family unity as part of any antidrug effort.

There are some important examples of media action to stop the use of illicit drugs. For instance, the Entertainment Industries Council, working with other organizations, including the Academy of Television Arts and Sciences and the Caucus for Producers, Writers, and Directors, has sought to deglamorize the media's portrayal of the use of alcohol and illicit drugs. Actors and directors were told to reject scripts that encouraged illicit drug use or made it look appealing. Executives were told to assess the positive quality of their products. The members of these groups have worked to persuade other members of the entertainment industry to adopt a White Paper, developed by the Caucus for Producers, Writers, and Directors, which opposes the glamorous portrayal of alcohol in the media. Celebrities have been asked to participate in public service announcements or rallies that helped bring drug awareness messages to the public.

Another example is the Media-Advertising Partnership for a Drug-Free America, which has arranged for advertising worth $500 million annually on public and national network television, cable, radio, billboard, and print space for drug awareness messages. The result has been an unprecedented use of creative talent to fashion effective public service announcements, advertisements, and programs designed to inform Americans about the dangers of illicit drug use.

In Miami, radio stations WQBA-AM and -FM conducted an extensive antidrug campaign, Operation Clean Sweep, targeted at Miami's large Hispanic community. Working in conjunction with a group called Informed Families of Dade County, the station devoted more than $250,000 worth of program and announcement time to inform Spanish-speaking listeners about the prevention, identification, and treatment of illicit drug use.

Recommendation 3. Media employers must adopt for all media workplaces a strong antidrug work policy that covers every employee.

People working in the news media and entertainment fields, much like persons working in all other fields of endeavor, have a responsibility to work toward, and a right to work in, a drug-free environment. There can be no exception to the policy of zero tolerance for illegal drug use. All media employees, regardless of where they work or in what capacity, must adhere to a strict "no use" policy. In order for media employees to recognize and deal sensitively with these problems, all media should adopt employee assistance programs to aid in early detection and treatment of drug-using employees. (For further discussion on the elements of this policy, see Workplace Recommendation 1.)

Recommendation 4. Local media must work closely with community leaders and citizen groups to combat the use of illicit drugs.

The battle against illegal drugs at the local level requires that local media forge partnerships within the community to assure effective exchange of information and ideas. Community leaders and citizen groups–including business leaders, civic and service clubs, educators, religious organizations, antidrug groups, youth groups, and law enforcement–can provide important information to media about the particular needs and concerns of the community that must be taken into account if news, entertainment, and public service activities are to be most effective. The media must be aware of successful programs operating in the community to prevent or treat illicit drug use, the variety of resources available in the community, the actual operation of the illegal drug trade, and the effects of illicit drug use on individuals and the community.

The media must work with appropriate local organizations to reach out into the community to find people with the necessary experience and expertise to help assure the responsiveness of the media to community concerns, and to be responsive to such individuals when they contact the media. Working together, media and leaders of concerned local groups can develop meetings and seminars with such persons to educate their employees–from people in entry-level positions to editors, producers, and senior executives. Positive community activities that enhance awareness should be widely covered by local media. Too often, news reporters focus only on the drug users and traffickers and the destruction they cause, rather than on the individuals and programs in the community fighting the illegal drug problem. Many local media, including television and radio stations, newspapers, and magazines, have developed community-oriented programs to respond to the drug problem, and their efforts should be commended.

Although the action described here is primarily local, the national media should encourage and support local media to take positive steps in their communities. Programs implemented by all national media to assist and reinforce local efforts to increase drug awareness would be particularly valuable.

Recommendation 5. Media messages must also increasingly target people who do not now use illicit drugs and minority populations.

Certainly, media messages must be targeted to reach both casual and chronic users of illegal drugs, but the messages must also help nonusers avoid the temptation to begin using drugs. Obviously, this country will be well served if nonusers never enter the world of drugs. Messages that reinforce and foster the initial rejection of drugs are vital for any successful antidrug effort.

More and better messages targeted to ethnic minority populations must be developed and disseminated. These messages must be appropriate for the particular minority groups in the local population. There is no generic, global "minority message" that applies equally to blacks, Hispanics, Asians, or the various subgroups within these categories. Obviously, representatives of the target audiences must participate in the development of the messages and campaigns to guarantee their appropriateness.

Effective messages are of little value, however, if their dissemination is inadequate. In addition to the regularly established channels of communication, the ethnic media outreach organizations should be used. These organizations are viewed by their constituents as more credible, aware, and accessible than other media organizations. Groups with significant minority membership or that provide services to ethnic populations also can play important roles in the dissemination of antidrug messages.

Recommendation 6. The movie rating system, conducted by the Motion Picture Association of America, must take a stronger stance against illegal drugs.

Many parents and representatives of the media at the White House Conference expressed concern about the current motion picture ratings system. They argued for better identification and labeling of content that may glamorize or otherwise present illicit drug use in a favorable light.

Although substance abuse is recognized as one of the criteria on which motion pictures are currently rated, there was strong opinion among the Conferees and conference participants that the rating system should more effectively identify inappropriate depictions of illegal drug use. This system and its strict enforcement should leave no doubt about films that depict illicit drugs or drug-using lifestyles as glamorous. Parents need to be provided with sufficient information to provide guidance to their children, and adults require that information to make their own decisions about viewing.

Recommendation 7. The media must adhere to existing guidelines restricting alcohol and tobacco advertising that targets youth.

(See Prevention Recommendation 11 for discussion)

Recommendation 8. Student-run media, including high school newspapers and college print and broadcast outlets, must actively disseminate accurate information about illicit drug use.

Illicit drug use (including alcohol for underage persons) is rampant among student populations, and any comprehensive attack on illegal drugs must target high school and college students. Although the general media are increasingly trying to reach youth with credible antidrug messages, the school-based media also have a crucial role to play, and they have not been generally responsive to this problem. At both the high school and college levels, student-managed media must disseminate accurate information about the health effects of illicit drugs and must work to create a campus atmosphere of zero tolerance for these drugs.

Student media, which may have the ability to provide the most credible and effective messages, have a tremendous opportunity to help change the attitudes of students about illegal drug use. National and local media, school administrators, student and parent groups, appropriate private organizations, and Government agencies can and should work with representatives of the high school and college media to help them contribute to the fight against illicit drugs.

Examples of Media Programs and Resources

The programs cited below are just a few examples of the many programs concerned and dedicated Americans are conducting to reduce illicit drug use in our Nation. This list is by no means complete.

1. **Entertainment Industries Council, Inc.**
1760 Reston Avenue
Suite 101
Reston, Virginia 22090
CONTACT: Brian Dyak
(703) 481-1414

This organization has been an industry leader in the fight to create media drug awareness and responsibility. Through contacts with other entertainment organizations, the Council has worked with writers, producers and other members of the entertainment industry to help fashion appropriate antidrug messages.

2. **Academy of Television Arts and Sciences**
3500 W. Olive Avenue
Suite 700
Burbank, California 91505
CONTACT: Linda Loe
(818) 953-7575

The Academy has a program to help educate all members of the television community about the danger of media glamorization and tolerance for illicit drug use. In coordination with other efforts in the media to deglamorize drugs, this group is committed to ending favorable or tolerant pictures of illicit drug use on television.

3. **WQBA-AM/FM RADIO**
2828 Coral Way
Miami, Florida 33145
CONTACT: George Hyde
(305) 447-1140

WQBA has been a leader in designing local programming to assist community efforts to end illicit drug use. Working with local health, law enforcement, and community leaders, WQBA has crafted a unique, effective campaign against the drug problem in the Miami area.

4. The National Association of Broadcasters

1771 N Street, N.W.
Washington, D.C. 20036
CONTACT: Cassandra Holland
(202) 429-5447

The National Association of Broadcasters has 17 anti-drug and anti-alcohol-abuse campaigns under way. Some of these campaigns include "America Responds To AIDS," "Team Up Against Drugs," and "Project Workplace." These programs are cosponsored by grassroots organizations, the Federal Government, corporations and small businesses, schools, and parent groups.

5. The Media-Advertising Partnership for a Drug-Free America, Inc.

c/o The American Association of Advertising Agencies
666 3rd Avenue
New York, New York 10017
CONTACT: Tom Hendrick
(212) 661-5447

This organization is responsible for the development and distribution of some of the most sophisticated drug awareness messages. It has generated millions of dollars' worth of media time to disseminate well-designed, effective public service announcements. The Partnership also conducts research to help target these messages.

INTERNATIONAL DRUG CONTROL

During the past 10 years, the flow of illicit drugs into the United States has reached monumental proportions. Despite greatly expanded efforts by the Federal Government to stop this flow, State and local leaders, the public at large, and Members of Congress have expressed considerable frustration that the Federal efforts have proved inadequate.

Discussions have been held with numerous current and former United States law enforcement and diplomatic officials, both here and abroad, foreign diplomatic personnel and State and local law enforcement leaders. The meetings on international drug policy held during the White House Conference's meeting, February 28-March 2, 1988, in Washington, D.C., brought experts from the international community, the United States Government, and the private sector together with Conferees and Conference participants to discuss ways to improve the effectiveness of the international antidrug policy of the United States. The recommendations contained in this section reflect the outcomes of those discussions.

It is clear that international enforcement and diplomatic activities initiated by the United States will never be sufficient to eradicate the illicit drug trade. These are only part of the solution. The United States is currently the world's largest consumer of illicit drugs: 60 percent of all illicit drugs produced in the world today are used here. So long as the United States provides such a lucrative market for illicit drugs, no amount of Federal resources will be enough to stem the flow of illicit drugs from foreign lands. The long-term, permanent solution is reduction in the demand for illegal drugs by Americans.

Until Americans stop using illegal drugs, the money we spend for them will contribute to the undermining of fragile democratic governments in the Caribbean and Latin America; the corruption of whole cadres of government officials worldwide; the torture and murder of law enforcement officials; and the virtual disappearance of the rule of law in some regions of this hemisphere.

If an effective international policy in the war against drugs is to be shaped, attention must be paid to another key issue–the trade-off between the Government action that is necessary to wage a war on drugs and the openness that is the hallmark of a democratic society. This trade-off arose constantly in the discussions among White House conference participants over the most effective methods to stop the distribution and importation of illegal drugs into the United States.

Many policy questions relate to issues of individual responsibility and the protection of the individual, which are fundamental to a democratic society. Any antidrug policy that is to have widespread public support must carefully balance the wide latitude given to individuals in United States society against the need for society to protect itself from that which seeks to destroy it.

Recommendation I. International narcotics issues must be given a much higher priority in the formulation of United States foreign policy.

In the discussion of international issues during the White House Conference, the concern most frequently expressed was the perceived failure of the Federal Government to stem the flow of illicit drugs coming into the United States from abroad. Many factors were cited as contributing to this problem, particularly the bureaucratic infighting among law enforcement agencies and the unprecedented growth of drug crop production in the past 10 years. However, the ineffectiveness of diplomatic pressure on foreign countries producing and transporting illegal drugs into the United States was singled out as a major problem. In fact, United States diplomacy was often cited as an obstacle to taking effective international law enforcement action in this field.

Two major reasons cited for this perception are the lack of priority given to narcotics issues by diplomats and the subordination of such matters to other diplomatic interests being pursued simultaneously by the Department of State. The international war on drugs is perceived as having a low priority in bilateral discussions with other countries. United States Foreign Service personnel stationed overseas, who are trained to handle economic and political matters, have been assigned to carry out activities related to drugs that are essentially law enforcement functions, such as the monitoring of illicit crop eradication. This marriage of diplomatic and law enforcement functions has tended to create adversarial, rather than cooperative, relationships among our embassy personnel, and it has inhibited, rather than promoted, successful international efforts.

To strengthen diplomatic efforts of the United States to control illicit drugs and to alleviate the burden of law enforcement functions that inhibit the State Department's diplomatic efforts, the following structural and policy changes should be considered:

- Raising the chief policy officer in the State Department for drug-related matters from the level of Assistant Secretary to Under Secretary, and combining the interrelated responsibilities for narcotics matters, terrorism, and insurgency under the new post (see Federal Reorganization Recommendation 6).

- Transferring all international antidrug law enforcement responsibilities currently conducted by the State Department to the Drug Enforcement Administration (DEA).

- Strengthening the role of the National Security Council (NSC) by including the National Drug Director (see Federal Reorganization Recommendation l) in appropriate activities and creating the position of International Illicit Drug Officer on the permanent NSC staff.

- Raising international illicit drug issues, during bilateral discussions at the Foreign Minister level, with major drug-producing, drug-trafficking, and drug-transiting countries.

- Training and educating all United States Ambassadors to the major countries that engage in drug-producing, drug-trafficking, and money laundering activities on international illicit drug matters.

- Assigning Foreign Service Officers to appropriate positions in the Drug Enforcement Administration, including that of Deputy Administrator for International Affairs, in order to ensure coordination between the State Department and law enforcement agencies.

Recommendation 2. United States drug eradication programs overseas must be refocused and strengthened.

Eradication of illicit drug crops abroad–opium, coca, cannabis, and their derivatives–is a major goal of the United States international strategy to control the entry of these drugs into our country. Currently, 23 drug-producing countries, including the United States, are eradicating drug crops, and 14 of these countries are receiving financial and technical assistance from the United States Government to accomplish this objective. Despite this international cooperation, with the notable exception of Turkey in the early 1970's, eradication programs are not very successful and have not been able to keep pace with the explosion of drug crop production. According to the National Drug Policy Board, little progress has been made in the two largest coca-producing countries in the world, Peru and Bolivia.

Increasing the effectiveness of eradication programs is problematical, however, because some countries have become dependent on illicit drug crops for a significant portion of their gross national income. In other countries the central government lacks the necessary law enforcement or fiscal resources to put drug criminals operating in their jurisdictions out of business. Still other countries view the drug crisis as a problem of United States consumption, rather than as a problem of foreign supply; because illegal drug use is not prevalent in their own societies, these countries lack the national will to eradicate illicit crops.

The United States focus on crop destruction pays inadequate attention to a more important target of eradication resources–processing labs and refining equipment. Not only are refining centers and laboratories a critical link in the illegal drug chain, but targeting drug refining and processing may make the diplomatic part of the eradication task easier. It will ease the burden on United States diplomats who must now try to persuade foreign countries to destroy crops and to target large groups of farmers, often in conflict with local tradition. In Bolivia, for example, growing coca leaf is not illegal–a long-standing custom allows farmers to grow and chew the leaf–but refining the coca leaf for export to overseas markets is prohibited. In view of the many obstacles to cooperation that already exist, giving a higher priority to destroying refining equipment and laboratories makes sense.

In addition, the economics of agriculture in many drug-producing countries suggests that crop replacement or substitution programs cannot succeed. Moreover, Conference participants objected strongly to the United States subsidizing farmers in other countries. Drug traffickers can afford to pay far more for illicit crops than farmers can make on legal crops. In many countries the government fixes agricultural prices so low that farmers are unable to make a decent return on legal crops. Also, the market for agricultural products is subject to a variety of other fluctuations, both domestic and worldwide, which would require farmers with little means to gamble on the outcome. These factors make the choice between the steady high income from illicit drug crops and the uncertain income from legal crops no choice at all.

To make the most effective use of the eradication resources, therefore, the following policy changes should be considered:

- Transferring authority for implementing and monitoring eradication programs overseas from the State Department to the Drug Enforcement Administration, with the United States Ambassador in each country retaining authority over American law enforcement personnel in the embassy.
- Insofar as possible, concentrating eradication resources on the destruction of refining centers and processing labs, rather than on the destruction of illicit crops.
- Establishing as the State Department's priority task the pursuit of diplomatic opportunities for eradication efforts.
- Tying support for foreign governments' eradication efforts to verifiable proof of crop, laboratory, and refinery destruction.
- Not supporting crop substitution or replacement programs overseas with United States funds.

Recommendation 3. Congress should review the legislation creating the narcotics certification process.

One of the most controversial aspects of Federal antidrug efforts is the process by which the State Department certifies that foreign countries are cooperating with the United States in the war against drugs. This certification process was mandated by the Congress under the Anti-Drug Abuse Act of 1986. It requires the President to certify whether major drug-producing and drug- transiting countries have "cooperated fully" with the United States in eliminating drug production, trafficking, and money laundering.

Ideally, this document should be a measure of the cooperation the United States is receiving from foreign countries and a tool for evaluating how well the United States is doing in the war against drugs internationally. Instead, the document has become politicized. Its conclusions are widely perceived to be skewed in a more positive direction than is otherwise warranted, in order to keep from upsetting other diplomatic objectives being pursued with the United States neighbors and allies, and to prevent the automatic 50 percent cutoff of foreign aid mandated for those countries that are not certified as cooperative.

The formulation of United States foreign policy is a complex process, in which many objectives are pursued simultaneously. Foreign policy cannot focus on a single issue, such as illicit drugs, to the exclusion of all others. Too often, however, drug-related issues are rated far below the political and military objectives championed by the geographic bureaus at the core of the State Department bureaucracy. United States law enforcement personnel need strong diplomatic representation in order to carry out their duties. Without it they cannot achieve their international objectives.

A closer bond should be forged between United States diplomatic and law enforcement personnel on drug-related issues, and a certification process should be created that will cement, rather than disrupt, this relationship. The current certification process has resulted in a lack of candor on the part of foreign governments; in problems between United States law enforcement authorities, on the one hand, and both American diplomatic personnel and foreign law enforcement authorities on the other; as well as between United States Government officials and representatives of foreign countries that are genuinely trying to improve their record on drug cooperation. It is clear that the credibility of the United States is undermined by this process.

To build incentives for cooperation and to create a meaningful measure of United States enforcement efforts internationally, the following changes in the certification process should be considered:

- Preparing the annual report mandated by the certification process as a statistical document to report foreign law enforcement actions with regard to illicit drug activity, cooperation with United States law enforcement drug-related investigations, willingness to eliminate obstacles to monitoring of crop eradication, and the like.

- Developing a consistent methodology for use in this report year after year, to ensure clarity and ease of comparison.

- Having the DEA carry out the gathering of the raw intelligence and statistical data and the processing and issuing of this report, rather than the State Department, and transferring the resources needed to compile this report to the DEA.

- Repealing the automatic 50 percent cutoff of foreign assistance and the presidential certification requirements of the Anti-Drug Abuse Act of 1986; determining the effect of the annual report case by case in consultations between the executive and legislative branches.

Recommendation 4. The activities of United States law enforcement officials engaged in narcotics enforcement overseas should be strengthened.

International illicit drug suppliers have learned to circumvent law enforcement efforts by crop substitution, crop rotation, and the purchase of sophisticated new equipment; they have made unprecedented efforts to undermine local governments that choose to oppose them. In fact, illicit drug cartels have become so strong that they are a threat to stability and democracy in some regions of Central and South America.

To upgrade drug enforcement activities in United States Embassies abroad, the following structural and policy changes should be considered:

- Recognizing international illicit drug control as essentially a law enforcement function, and assigning the duties related to this control in United States Embassies to appropriate law enforcement personnel who would report directly to the Ambassador.

- Increasing the total number of law enforcement personnel assigned to United States Embassies located in major drug-producing, drug-trafficking, and drug-transiting countries.

- Restructuring the mission of law enforcement personnel officers assigned to United States Embassies to ensure the greatest possible flexibility to combat illicit drug production, trafficking, and money laundering.

- Using United States intelligence-gathering capabilities more efficiently for drug-related purposes.

- Making support for antidrug law enforcement programs a priority of United States Ambassadors assigned to the major drug-producing, drug trafficking, and money-laundering countries.

- Creating a ready fleet of vehicles and hardware to assist foreign countries in antidrug law enforcement activities, when requested by the United States Ambassador. (See also Federal Recommendation 5.)

Recommendation 5. The United States Department of Treasury should convene a meeting, or series of meetings, on international drug money laundering to develop specific suggestions for improving international cooperation in the investigation and confiscation of illicit-drug-related assets and profits.

Along with the enormous flow of illicit drugs into the United States, the amount of money generated in this country from illicit drug trafficking has risen to unprecedented proportions. The profits from illicit narcotics are turning up in bank accounts and investments worldwide; they have created enormous wealth among international traffickers and a huge supply of ready cash and negotiable instruments to finance the international drug trade, to bribe officials, and to subvert weak governments.

Confiscating the profits from illicit narcotics and the assets of traffickers is a major goal of the United States national drug strategy. Yet the electronic transfer of funds, bank secrecy laws, and the lack of universal standards to encourage the investigation of suspicious transactions and confiscation of illicit-drug-related assets are hampering United States efforts to meet this objective.

To strengthen United States efforts to investigate suspicious transactions, confiscate illicit drug profits, and develop greater international cooperation in this area, the Department of Treasury should consider convening an international meeting, or series of meetings, to focus on the following issues:

- The need to encourage foreign governments to make the specific acts of drug money laundering illegal.

- The need to encourage foreign governments to adopt regulations and legislation allowing for the seizure and forfeiture of illicit-drug-related assets and proceeds.

- The need to rationalize bank secrecy laws internationally to encourage the reporting to appropriate law enforcement officials of suspicious financial transactions and customers.

- The need to develop an appropriate mechanism for exchanging information on drug money laundering among governments.

- The need to improve the coordination of United States training programs about drug money laundering, and to determine the best ways to exchange this information and expertise with the law enforcement officials of other countries.

Recommendation 6. The United States should intensify its efforts to exchange expertise and information with other countries on effective prevention and treatment programs to combat illegal drug use.

As long as the United States remains the major consumer of illicit drugs and provides drug traffickers with an enormous, lucrative market, no amount of Federal resources or international action will be sufficient to stop the flow of illicit drugs into this country.

A number of countries that had previously been involved in the drug trade only as suppliers are now struggling with problems of illegal drug use among their own citizenry. They could benefit from the expertise being developed in the United States on effective prevention and treatment programs.

To provide for a fuller exchange of this information with our allies and partners, and to educate the international community on the harmfulness of illegal drug use to democratic societies, the following goals should be considered for incorporation into the mandate of the Under Secretary for Narcotics, Terrorism, and Insurgency:

- Creating a major, international public diplomacy campaign on the subject of international narcotics control and interdiction.

- Using the United States Information Agency, in cooperation with the Department of Health and Human Services and ACTION, to distribute overseas information about successful prevention and treatment programs.

- Having as a major focus of the public diplomacy campaign in the war against drugs an international education campaign about the harmfulness of illicit drugs to democratic societies and the need to cut back on drug consumption as the key to any durable solution.

- Encouraging education against the use of illicit drugs, and the production and distribution worldwide of drug prevention materials, as a major public information priority of the United Nations.

FEDERAL REORGANIZATION

Although it is clear that Americans do not expect the Federal Government to solve the crisis of illegal drugs by itself, there was a strong feeling in every part of the country that the Federal effort is less effective than it should be. Leadership is perhaps the most important responsibility of our national Government. This leadership is best expressed in the effective conduct of responsibilities that are solely or primarily Federal, such as the international control of illicit drugs, interdiction of illicit drugs, and the provision of some financial assistance and other support and encouragement for State and local antidrug efforts.

During the Conference, the Federal Government was both criticized and complimented for its conduct of these activities. In addition, coordination among Federal agencies to reduce both supply and demand is perceived to be inadequate. To be fair, people recognize that coordination has dramatically improved in recent years, particularly among Federal enforcement agencies and between these agencies and State and local law enforcement authorities. The improvement was credited to the efforts of Federal agencies (notably, the Drug Enforcement Administration, Customs Service and National Narcotics Border Interdiction System) to ensure effective joint Federal-State-local operations and task forces. Individual agencies or programs also were credited with providing useful assistance to State or local agencies or private organizations. In fact, many of these positive comments, when weighed against specific criticisms, have pointed toward the recommendations made here.

The following recommendations deal with the reorganization of current Federal activity, as well as the establishment of new entities to help improve the overall ability of the Federal Government to respond to the illegal drug crisis. They should also permit much more streamlined congressional oversight of the Federal antidrug effort. In Congress at the present time there are over 30 committees and sub committees that conduct oversight hearings on the drug issue. This report cannot possibly address all the questions concerning the implementation of the recommendations, but the underlying rationale for the recommendations is clear.

Recommendation 1. Legislation should be proposed and enacted to create the Cabinet-rank position of National Drug Director.

Throughout the United States, one of the concerns expressed most frequently by participants in the regional and national meetings was that our war against drugs was hindered by the absence of a central, full-time position in the Federal Government directing the efforts at the highest levels. For almost as long as drugs have been a problem in this country, the fight against them has been characterized by duplication, bureaucratic in-fighting, waste of resources, and overall lack of coordination. At present approximately three dozen Federal agencies are involved in the fight against drugs. The National Drug Policy Board was created to resolve the continuing problem of coordinating their efforts. Composed of the heads of Federal departments and agencies with antidrug responsibilities, and chaired by the Attorney General, with the Secretary of Health and Human Services as Vice Chairman, the Policy Board has been mandated to coordinate our efforts and to make recommendations concerning budget and resource allocations. It operates on the principal of consensus, by attempting to get separate Cabinet officers and agency heads to agree voluntarily on points of contention.

The National Drug Policy Board, under the sincere and dedicated leadership of the Attorney General, has notably improved coordination and information sharing. Although the organizational structure of the Board is the best to date, it is complex, because each agency has its own bureaucracy, programs, and policies. The need for an independent, objective leader in the future is clear.

To avoid the waste, confusion, and disruption of a massive realignment of Federal agencies or the establishment of direct operational control over separate agencies, we recommend that the Office of the National Drug Director, with Cabinet rank, be established to lead the United States fight against drugs. The Director would be appointed by the President and confirmed by the Senate. This person would be the primary counselor for the President on illegal drug matters, and would be the Chairman of the National Drug Policy Board.

The composition, purpose, and function of the Policy Board should remain largely unchanged, except that attention to the concerns of the State and local governments should be included in its activity. As Chairman of the National Drug Policy Board, the Director would have the authority to frame the issues and recommend solutions directly to the President, who would then make the final decision in case of disputes among Cabinet agencies.

The Office of the National Drug Director, together with a professional staff similar to the staff for the National Security Adviser, should be located in the White House. It should be assisted by a President's Drug Advisory Council, which should be composed of persons appointed by the President to represent State, local, private sector, and youth perspectives on the drug issue. The Council, which should also be chaired by the National Drug Director, should meet a minimum of four times each year; at least two of these meetings should include substantive discussions of drug-related issues with the President.

The National Drug Director should work closely with the Director of the Office of Management and Budget (OMB) to establish the appropriate level of Federal funding for the antidrug effort and the best allocation of those funds. Specifically, the National Drug Director should help OMB determine budget targets for agency drug programs at the beginning of the budget process and should review drug-related agency budget submissions before OMB receives them.

In addition to the other responsibilities already noted, the National Drug Director should be designated as the head of the National Narcotics Border Interdiction System (NNBIS). As such, the Director should determine the future role of NNBIS.

The Director should investigate the possibility of increasing the Department of Defense participation in the war on drugs, beyond the degree recommended elsewhere in this report. The Director should also consider facilitating the use of military reserves and the National Guard to eradicate marijuana within the United States.

The primary advantage of our recommendation for a National Drug Director is that it would, for the first time in this country, give a Cabinet-level official the sole responsibility of directing the U.S. fight against drugs. The President, Congress, and our citizens would have one person to turn to for the answers and solutions we need. As a Cabinet-level official appointed by the President and confirmed by the Senate and as Chairman of the National Drug Policy Board, this person would have the necessary stature to lead this fight. It is clear that the threat of illicit drugs in this country deserves nothing less than full Cabinet participation.

Recommendation 2. Legislation should be proposed and enacted to create an independent National Drug Prevention Agency.

Prevention of illicit drug use is of the greatest importance in the fight against drugs. Without strong, effective prevention efforts, we can never hope to win the battle against drugs. However, regardless of the importance we claim to attribute to prevention, our prevention efforts have not had a position in the Federal bureaucracy commensurate with the importance of the subject. Currently, most of our prevention efforts emanate from the Office of Substance Abuse Prevention (OSAP), an agency created by the Anti-Drug Abuse Act of 1986.

OSAP is located in the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) within the Department of Health and Human Services. Although it is the main U.S. agency for illicit drug use prevention, it is buried several layers deep in the bureaucracy not even on a level with the National Institute for Mental Health, National Institute on Drug Abuse, and National Institute on Alcohol Abuse and Alcoholism. In its present position, it will be difficult to provide the type of leadership necessary to be successful in preventing drug use.

A National Drug Prevention Agency should be created independent of any other agency to handle the Federal Government's drug prevention efforts. The Agency, much like ACTION, would report directly to the Office of the President and to Congress. In this case, it would report to the National Drug Director and to the President. The Agency, which would assume all of OSAP's responsibilities, would be headed by a person appointed by the President and confirmed by the Senate. The Director would be a statutory member of the National Drug Policy Board and would have the main responsibility for setting prevention priorities and coordinating the prevention efforts of the Federal and, where appropriate, State governments. The National Drug Prevention Agency would be the Government's lead agency for prevention efforts. This would not only highlight our prevention efforts but also help ensure a consistent approach to prevention programming and avoid duplication and turf wars before they start.

Recommendation 3. The Department of Defense should be designated as the primary agency to conduct air and sea antidrug surveillance.

The United States faces as great a threat to its national security from illicit drugs as it does from any foreign enemy. As we traveled across the country, one of the loudest calls that we heard was for more involvement of the military. Some felt very strongly that our military forces should use deadly force if necessary to interdict cargoes of illegal drugs en route to the United States. However, a substantial number of people disagreed with this proposition. The Posse Comitatus laws, passed shortly after the Civil War, prohibit the military from enforcing our civilian laws. Some expressed concern that too much involvement in the war against drugs by our military would leave it unable to fully meet its principal mission of protecting the United States against foreign invaders. Others argued that if the military were directly involved in interdiction, it might lead to the corruption of our armed forces. No consensus was reached within the Conference on this issue, although each position was vigorously argued.

There was, however, consensus on the use of the military in surveillance. As international drug cartels become more sophisticated and resourceful, the job of conducting surveillance and detection of aircraft, ships, and boats becomes more and more demanding. In an effort to perform this function within existing organization functions and mandates, Congress has appropriated more money for the Coast Guard and the Customs Service to separately obtain and operate the necessary equipment. Congress has done this despite the fact that the United States armed forces already have the most advanced equipment and expertise in the world for the detection of incoming air and sea craft. In waging war against illicit drugs, it only makes sense to use that equipment and expertise and avoid duplication.

If the Defense Department needs additional resources to accomplish this surveillance while maintaining its traditional mission of national defense, those resources should be provided. It seems apparent that it would be more efficient to use that capacity in the military than to build up the surveillance capability of two other separate agencies. Building up the surveillance operation of our military would also have the side benefit of enhancing our traditional defense posture.

Information obtained by this surveillance by the Department of Defense should be immediately supplied to a national drug intelligence system, where it would be available to agencies conducting interdiction operations (See also Criminal Justice System Recommendation 8).

Recommendation 4. Strong consideration should be given to transerring the law enforcement activities relating to international drug control currently conducted by the State Department to the Drug Enforcement Administration (See also International Drug Control Recommendation 1).

Interdicting and eradicating illicit drugs at their source are important parts of the overall strategy to rid the United States of illicit drugs. Because the illicit heroin and cocaine and most of the marijuana consumed here are brought from abroad, it is important to seek the cooperation of the foreign countries in which these drugs are produced or through which they are shipped.

Creating and maintaining a cooperative climate in which U.S. interests may be pursued and international problems may be resolved is clearly a diplomatic function. But the development of intelligence on drug trafficking, crop cultivation and clandestine laboratories, the coordination with host country enforcement initiatives, and the provision of logistic and technical support for these initiatives are clearly law enforcement functions. Nevertheless, all these functions are currently under the purview of the Bureau of International Narcotics Matters of the State Department, which controls the budget and resources necessary to carry out both diplomatic and law enforcement efforts. Drug law enforcement personnel located overseas often must report to Foreign Service Officers, whose natural tendency is to subordinate law enforcement goals to diplomatic ones.

The difficulty of combining these two essentially separate functions is also illustrated by the problems associated with the process by which foreign countries are certified as cooperating with United States antidrug efforts (outlined extensively in the discussion of International Drug Control Recommendation 3). Obtaining the necessary factual information about the extent and effectiveness of antidrug efforts in foreign countries is basically a law enforcement function, and the determination of whether a country should be certified as cooperative must be based on this information. But other national and international interests also must be taken into consideration, and so the decision is essentially a diplomatic one.

Our efforts to eradicate drug crops in foreign countries illustrate the same dichotomy, which must be resolved. The State Department personnel should do what they do best: pursue diplomatic initiatives. Drug law enforcement personnel should be allowed to have the lead in what they do best: investigate; obtain information and intelligence on illicit drug production, processing, and transportation; take action to seize drugs and drug traffickers; and provide assistance to host governments to carry out such purposes.

The Conference has concluded, therefore, that strong consideration should be given to transferring the responsibility for the eradication program, for the objective assessment of a country's antidrug effort for the certification process, and for the conduct of joint enforcement activity by the host country and the United States, together with the resources and budget necessary to perform these functions, to the Drug Enforcement Administration.

If this transfer takes place, the DEA should increase awareness and sensitivity to international diplomatic concerns among its personnel, by creating a new position of Deputy Administrator for International Affairs and filling it with a person on detail from the Department of State. This position would help keep the head of the DEA informed of State Department concerns and evaluation and assure the timely exchange of information at the highest policy-making levels. (See also the discussions of International Drug Control Recommendations 1, 2 and 4).

> **Recommendation 5. Strong consideration should be given to establishing an international antidrug fleet of planes, helicopters, other vehicles, and necessary equipment to help with eradication, intelligence, and enforcement efforts in source countries.**

There is a clear need for the United States to make appropriate military vehicles and equipment available to support eradication, enforcement and intelligence operations at the request of any drug-producing country. Many countries with significant drug production are unable to mount effective antidrug operations because they lack the equipment (including planes, helicopters, vehicles, and other hardware) with which to carry them out. At the same time, these countries do not need, nor can they effectively use, such equipment on a long-term loan or outright gift basis, as such equipment often falls into disrepair or is used for purposes unrelated to fighting the drug trade.

The vehicles and equipment to be included in such a fleet should be determined jointly by the Drug Enforcement Administration and the Department of Defense. This fleet should be warehoused in an appropriate U.S. military base and managed and maintained by the Department of Defense. Requests for use of the fleet should be made by the appropriate agency of the requesting government to the American Ambassador in the country who, after consultation with the DEA Resident Agent in Charge, would determine whether and to what extent to recommend approval of the request. For maximum results, the decision and the provision of the assistance must be carried out rapidly.

No U.S. military personnel should operate the vehicles or equipment used in enforcement, intelligence-gathering, or eradication missions in a source country. It is important to avoid any appearance of violating national sovereignty. The United States should make training and technical advice readily available, and should certainly verify results of supported operations. Several adjacent countries may join together to develop a manpower complement to be trained to conduct operations throughout the region.

Recommendation 6. Strong consideration should be given to legislation creating the position of Under Secretary of State for Narcotics, Terrorism, and Insurgency.

U.S. diplomatic pressure to persuade foreign countries in which illicit drugs are grown, processed, or transported to stem the flow of these drugs into the United States has been ineffective. A principal reason has been the subordination of drug matters to other diplomatic interests being pursued by the Department of State. The international war on drugs appears to have too little priority on our foreign policy agenda and is seldom the topic of major addresses by high-ranking State Department officials.

Illicit drugs pose a threat to this country that is as serious as virtually any other threat we face. In addition, the drug problem undermines a major foreign policy goal of the United States, fostering the development of democracy around the world. As a result, illicit drugs are a national security, as well as a domestic, threat to the United States. While the formulation of foreign policy is a complex process that cannot revolve around any single issue, it is important to ensure that drug-related issues are constantly reviewed at the highest policy-making levels. To accomplish this, strong consideration should be given to raising the position of chief drug policy officer at the State Department from the level of Assistant Secretary to Under Secretary, and having this person report directly to the Secretary of State.

Consideration should also be given to including in this position authority over terrorism and insurgency, because these areas are directly related to illicit drugs. Drug cartels have used terrorism and insurgency as tools of control and retribution. Many terrorist acts have been financed by illegal drug profits, generated either in the country where the terrorism or insurgency occurs or in another country.

In addition to ensuring that international drug issues are receiving constant attention at the highest policy-making levels in the State Department, the new Under Secretary should develop and maintain diplomatic and political links and cooperative relationships in foreign countries to help combat the drug trade, and should exchange information with the Drug Enforcement

Administration about enforcement and diplomatic opportunities and accomplishments. The Under Secretary should also ensure that all U.S. Ambassadors, Deputy Chiefs of Mission, and Foreign Service Officers are regularly briefed about the dangers of illicit drugs and about the national and international drug situation, as well as the situation in their assigned area or country. They must also understand that they represent the U.S. interest in the war against drugs; hence, they should make sure that drug-related concerns are brought up at the highest levels in the foreign governments where they serve.

Recommendation 7. An independent evaluation of the National Institute on Drug Abuse should be conducted.

The National Institute on Drug Abuse (NIDA) was created to develop and conduct comprehensive health, education, training, research, and planning programs for the prevention and treatment of illegal drug use and for the rehabilitation of drug users. During the course of our regional and national meetings, many people expressed concern about whether NIDA was responding adequately to the drug crisis. The specific concerns expressed were (1) that NIDA has grown into an overly bureaucratic agency that has lost sight of its mission and become mired in a limited perspective and (2) that, except for the recent work on AIDS, the research NIDA has been sponsoring apparently has not been disseminated in a clinically useful fashion, nor has it appeared to build toward any solutions to the drug crisis.

Regardless of whether these concerns are fully justified, they are sufficiently widespread to warrant an independent evaluation of NIDA by individuals or organizations with no financial interest–past, present, or prospective–in grants from NIDA. It is important that the evaluation be conducted without even the appearance of a conflict of interest. The study should concentrate on the following issues:

- Whether NIDA's grant award process is closed, or needs to be opened up to bring in new potential grantees, including practitioners in prevention and treatment, with broad perspectives on research initiatives and directions, and other health and social services.

- In connection with the grant award process, whether the membership of the initial review group is broad enough to represent the full spectrum of scientific and professional disciplines, allowing the exploration of new research and policy areas.

- Whether NIDA's biomedical research has produced sufficiently valuable contributions, or whether it has been largely duplicative of research being done by agencies such as the National Institutes of Health, the National Institute of Mental Health, and the National Institute on Alcohol Abuse and Alcoholism.

- How much of NIDA's research has been responsive to the needs of practitioners, as opposed to being academically generated within NIDA and a small group of researchers.

- Whether NIDA has been involved in criminal justice-related research, which should be carried out by the Department of Justice.

- Whether NIDA recognized and responded to the dangers of the marijuana and cocaine epidemic to this country early enough to provide practitioners with the necessary tools to deal with the crisis.

The results of the study should be presented to the Secretary of Health and Human Services and the National Drug Director.

SYSTEMWIDE

Although most of the recommendations made by the White House Conference for a Drug-Free America fit into a distinct category, a number apply to many different categories. These recommendations are referenced in the individual sections but addressed in this section.

Recommendation 1. Legalization of illicit drugs must be vigorously opposed by government at all levels and by all segments of society.

In recent months, there has been increasing clamor in the news media and by some public figures for the legalization of drugs. At first glance, it would appear that this debate is not serious–after all, why would anyone actually espouse eliminating controls over something so destructive? But the proponents of legalizing drugs assure us that they are serious–that legalization would be a good way to eliminate crime and criminal organizations. It seems an exercise in futility to suggest that crime can somehow be eliminated by redefining it–as if a criminal act had no inherent danger other than that derived from its placement in the law books of our Nation. But illicit drugs are indeed a destructive force with which we must reckon.

We are learning more and more about the devastating effects that drugs have on the minds and bodies of users. Depending on the drug, the heart, liver, lungs, and kidneys as well as the reproductive and immune systems can all be damaged. In fact, it would be hard to find an organ or a system in the body that is not damaged by illicit drugs. Cocaine increases the likelihood of heart attack and stroke as early as the first use. Heroin ingestion can lead to suppression of respiration sufficient to cause suffocation. Damage to the drug user's mind may be even more frightening. The user under the influence of drugs is not the harmless, sleepy soul we once thought he was. During drug use and after, people are changed, they do not think clearly, they are filled with anger, fear, paranoia and a host of emotions they have never experienced or had to keep in check. Memory deprivation, organic brain damage, and psychosis are among the recognizable consequences of such use.

Although it was not long ago that many people thought marijuana and even cocaine were not addictive or particularly harmful, most advocates of legalization do not try to argue that illicit drugs are safe. Instead, they try to defuse the issue by pointing out that alcohol and cigarettes, two legal substances for adults, kill many more people than illicit drugs. Ironically, this is probably the strongest argument *against* legalization that they could make. Alcohol and cigarettes are not inherently more dangerous than illicit drugs. A given dose of cocaine or its derivative crack is far more dangerous than a drink. A joint of marijuana is far more carcinogenic than a cigarette, and it negatively affects the mind as well. Alcohol and cigarettes kill more people than illegal drugs precisely because they *are* legal–because so many more people use them. We have more public health problems that can presently be handled as a result of alcohol and cigarettes. Legalized drugs would overwhelm our public health system.

A related argument that proponents of legalization have relied upon is libertarian: that people should be allowed to take whatever substance they desire, and that users are hurting no one but themselves–they are committing a victimless act. Although this argument has a certain simplistic appeal, it is not only factually incorrect but it has also been repeatedly rejected in this country.

Regardless of what we once thought, we now know that illicit drug use is not a victimless crime. Whether we are family members or co-workers of addicts, passengers on airplanes or trains piloted by users, victims of brutal and wanton violence induced by mind altering drugs such as PCP or speed, travellers facing the menace of drugged drivers on our highways, or simply taxpayers, we are all victims of illicit drug use.

We take great pains to protect the public from harmful drugs. Even medically useful drugs are tested for years before they are allowed on the market, and then they are carefully regulated, requiring prescriptions from licensed physicians. It is only because of their medically beneficial effects that they are allowed. What possible beneficial effect is there from marijuana, cocaine, LSD, PCP, or heroin to justify legalizing them?

It seems clear that most of the present fascination with legalization is born from a sense of frustration at the high level of violent crime associated with drug trafficking, and at our seeming inability to eliminate that violence even through increased expenditures for law enforcement. Legalize drugs, so the argument goes, and we will eliminate drug-related violent crime and save money at the same time. While this argument has some appeal on its surface, it fails to stand up to scrutiny. Even if we were to legalize drugs, we would still need drug law enforcement because even most proponents of legalization do not advocate legalizing drugs such as crack, LSD, or PCP, and because drugs would remain illegal for minors. We would thus continue to have drug-related crime and illegal drug distribution organizations that would continue to push drugs on our youngsters. We would also have much higher costs associated with increased health care and lost productivity.

In the final analysis, legalization is wrong because drugs are wrong. To legalize behavior is in large measure to condone it. Do we want to say as a Nation that it is acceptable to ruin one's mind and body, to tolerate as recreation an activity which imposes such risks on every one of us, and to consign a larger proportion of our population to incapacitation and dependence on society. We should be aware that other countries have tried legalization and that policy has failed. Illegal markets with their attendant criminal problems continue to exist. Legalization ensures that the government condones and often ends up supporting an intoxicated lifestyle for a larger number of its people.

We can be certain that if we legalize drugs, the number of users will increase dramatically. The fact that we cannot deter all users of illicit drugs by criminal laws does not mean that we should discard those laws, any more than the fact that we have robbery means that we should make robbery legal.

With all these articulable risks and dangers, how could one possibly argue that legalization makes sense? The only conceivable answer is to admit that the criminal justice system has been overrun and that the drug thugs are threatening to swamp us. Two responses are apparent. First, as discussed elsewhere in this report, we have not given the criminal justice system adequate resources to tackle the problem and pinning our hopes to end the crisis of illegal drugs solely on prevention and treatment would be an ill-fated gamble with our Nation's future. Second, it has never been part of the American character to capitulate to criminals.

Recommendation 2. Use of illicit drugs must not be considered a victimless crime.

All citizens must speak out against the common myth that illicit drug use is a victimless crime. The victims of illicit drug use are everywhere: residents of drug-infested neighborhoods, citizens against whom criminal acts are perpetrated by users and traffickers, the business community, and society at large through taxes supporting prisons, law enforcement, medical services, and increased insurance rates.

The enormous profits generated by the illicit drug industry in the United States have attracted some of the most violent criminals to the trade. There is no innocent use of illicit drugs. People who use these drugs as a form of "recreation" do not see themselves as hurting anyone, because they did not rob or steal, to obtain their drugs. What these people do not understand, however, is that their use of illicit drugs is helping to fill the pockets of drug dealers with ill-gotten gains and to support violence. The people who "casually" use cocaine are accomplices in the deaths of foreign leaders assassinated by drug cartels, of innocent inner-city children and elderly people who are caught in the crossfire of rival drug gangs, and of law enforcement officers who risk their lives to protect us in our homes and in our communities.

We must be absolutely unyielding in our opposition to illicit drug use. We must be as adamant about "casual" users as we are about addicts. And whereas addicts may also deserve our help, "casual" users deserve our condemnation. These persons must accept responsibility for the brutality and corruption which they help finance.

Recommendation 3. Federal, State, and local governments need to allocate more resources for the war against drugs. (See also Prevention, Treatment, Law Enforcement, and Education).

Victory in the war against drugs will not come cheap. For too many years we have ignored the needs of the forces engaged in the drug war or have funded them inadequately. As a result, the problem has escalated to the point that we are winning skirmishes but losing the battle. Illegal drugs are estimated to cost the United States between $60 billion and $100 billion a year. The overall solution will require additional resources in every aspect of the battle: law enforcement, prevention, education, and treatment.

Although education and prevention hold the long-term answer to the drug problem, only a portion of our population has benefited from these programs. Education and prevention need to be part of everyone's life. Every community must ensure that it has comprehensive drug abuse prevention and reduction programs in place (see also Prevention and Education sections).

The criminal justice system, like other social institutions, has become overburdened by the use of illegal drugs. In many areas, urban and rural alike, law enforcement is spread too thin to have any long-term effect in stopping drug trafficking. Law enforcement officials find that, in order to address the growing problem, officers have to put in long overtime hours. Even when they do so, their efforts are often thwarted because there are too few prosecutors to bring all persons arrested on drug charges to justice and too few judges to keep the cases moving. Persons tried and convicted, even for trafficking charges, receive very light sentences; many receive only probation. Probation is no answer when many probation officers are currently trying to handle caseloads of more than 100 offenders. Offenders who do end up in jail or prison generally stay only a short time because the correctional system does not have enough bed space. If we seriously believe that drug users and traffickers pose a threat to our way of life, our society must commit itself to putting more police, prosecutors, judges, probation officers, and prison space on the line against the menace.

The availability of treatment slots has not kept pace with demand, and treatment capacity must be expanded. Although some treatment programs have not proved totally successful, we know that the costs to society of having inadequate treatment programs far exceeds the cost to society of providing services to people who may benefit from them. All persons who want to be treated for illegal drug use should be able to do so without having to be referred to a program through the court or having to wait an inordinate amount of time. (See Treatment Recommendation 1.) Treatment does not always have to be elaborate or costly. Not everyone with a drug problem needs long-term institutional care; most need immediate care and attention to their problem. This care can be provided in every community through the establishment of a range of programs that place a great deal of reliance on self-help, such as Narcotics Anonymous.

Over the next five years, appropriations by all levels of government and the contributions of the private sector will have to be increased. Everyone has a responsibility in this fight. Programs and activities of all types will have to be developed and implemented throughout the country if we are to win the war against illegal drugs.

> **Recommendation 4. Federal, State, and local drug funds should be expended on programs of proven effectiveness, expended expeditiously, allocated for more than one year when appropriate, and tied to a policy of zero tolerance for illegal drugs.**

Additional funds for the war against drugs are necessary, but measures to assure proper administration and control of the funds are required if the funds are to have maximum effect on the drug problem. The following procedures should be implemented by all Federal, State, and local assistance programs:

- *Funds should be expended only on programs or activities that have a proven record of effectiveness.* Because many activities have not yet been adequately evaluated, this requirement may have to be gradually phased in. Each major funding agency should be required to develop objective procedures to evaluate its efforts within a three-year period. All programs funded thereafter should be required to measure their success according to these procedures. Programs not proved to be successful should not be funded. A portion of funds should be set aside from each funding source to fund promising new ideas and concepts. These funds can be used to help determine what is effective.

- *Funds should be expended expeditiously:* Many of the funds appropriated by Congress are not used expeditiously. Legislatures, executive agencies, and fund recipients must work together to speed up the process by which the funds are actually expended by local service providers. Appropriated funds that are not used in a timely fashion by one entity should be quickly transferred to another that is in need and has the capacity to use them effectively and expeditiously.

- *Programs should be developed on the basis of a long-term commitment.* Effective program development requires that important projects and activities receive a financial commitment of sufficient duration to permit successful implementation, a process that may take more than one or two years. Programs should be funded for an extended period of time–up to three years–provided the program remains effective and continues to require assistance. Funding during this period of time does not have to remain constant; it could be awarded on a decreasing basis, with the recipient providing matching funds. Such requirements should be spelled out in the initial grant period.

- *Funds should be tied to a "no use," zero tolerance policy.* Many of the antidrug funds appropriated by Federal and State governments have supported programs and activities that deliver inappropriate messages about the use of illegal drugs. Too often, materials used in programs, courses, or activities talk about "responsible use" rather than condemning all use. Such language sends the message that it is acceptable to use drugs "as long as you don't hurt anyone." Programs using materials that convey anything other than strict "no use" principles should not be supported by the Government.

Recommendation 5. The Federal Government should deny justice assistance funds to all States and localities that do not develop and implement a plan for sanctions against drug users.

Many States and localities, by practice if not by law, have "de facto" legalized the possession and use of small quantities of drugs. Drug users, be they street addicts or weekend users, have been able to purchase drugs for themselves and use them with relative impunity. Law enforcement agencies in many areas have become so overburdened that they have not been uniformly able to take action against this group, even if they are so inclined.

Resolution of the drug problem calls for law enforcement to attack all levels of the drug trade: users, sellers, and traffickers. No one level or group should be ignored. By failing to sanction users, we send a message of hypocrisy and tolerance–that illicit behavior to a certain point is condoned. We are permitting this group to grow and flourish, thereby frustrating our other attempts to combat the problem. Failing to attack the ultimate consumer assures that there will continue to be sellers seeking the profits of the illegal drug market.

Use of illicit drugs must not be tolerated. Law enforcement officials must enforce laws against possession of illegal drugs as strenuously as they would enforce robbery or assault laws. There should be no safe havens for drug users. States and localities not willing to develop and implement a plan for sanctions against drug users should be ineligible for Federal drug funds. The Department of Justice, which distributes these funds, should require all States to develop and implement a plan for sanctioning drug users. States and localities that do not develop and implement a plan within a specified period of time should have their funding reduced and eventually eliminated.

Recommendation 6. The White House and Government agencies at Federal, State, and local levels should develop and implement awards programs to provide recognition to individuals and organizations that have made exemplary contributions in the fight against illicit drugs.

Awards programs are outstanding mechanisms to honor people and organizations that have dedicated a significant amount of time and energy to deal with a problem, as well as a way to make the public more aware. The drug problem affects every person in this country, and a significant number of people and organizations have committed their time and resources to combat it. These persons and organizations should be commended for their actions and their contributions, and should be held up as models for others to follow. An awards program at the highest levels of Government could honor those who have served in an exemplary fashion and demonstrate that we are serious about this problem.

Such awards programs should be carried on for a sustained period of time, much like the problem they are combating. Programs should ensure that every segment of the population dealing with this problem is given the opportunity to receive recognition. Special emphasis should be given to the youth of America, who are often in the forefront of the fight against drugs. They have been some of our severest critics and some of our best thinkers and doers. They deserve special recognition for their efforts.

Recommendation 7. Research on the use of illicit drugs must be conducted in several areas: education, prevention, media/entertainment, law enforcement, sports, treatment, workplace and transportation.

Research is a valuable tool in our fight against drugs. It is the foundation of sound policy decisions and effective program design. Although research has been conducted over the past decade on various facets of illegal drug use, little of the research has been used to drive policy or redesign programs. The reasons include inadequate attention to research, faulty methodology, poor dissemination of findings, and inappropriate research topics. If we are to formulate policy and programs based on sound findings rather than conjecture, we must continue to seek a considerable amount of information, as the following list of possible research topics demonstrates. It should be noted that although many participants in the White House Conference requested that research be performed, few specific examples of research were suggested.

The National Institute on Drug Abuse should be responsible for all drug-related research except that related to the criminal justice system, which should be conducted by the Department of Justice. Guidelines regarding research need to be examined to ensure that long-term longitudinal studies on various aspects of the effects of drugs and drug treatment are be carried out.

- *Education*
  - –Identification of the most effective approaches to teaching the prevention of illegal drug use in the schools.
  - –Examination of environmental factors that aid and abet alcohol and illegal drug use on campuses.
- *Prevention*
  - –Determination of why certain persons become involved in drugs while others in similar circumstances do not.
  - – Development of more epidemiological information on drug use in high-risk, inner-city populations.
  - –Identification of the most effective measures for changing attitudes about alcohol and illicit drugs.
  - –Determination of the effects, both positive and negative, of various forms of advertising.
  - –Evaluation of the many different prevention approaches, including family-based neighborhood organization, community leadership, and peer/friendship systems.
  - –Development of intrafamily strategies that parents can use to provide leadership, guidance, direction, and discipline.
  - – Review of biological, social, and psychological factors that contribute to the use of illicit drugs.
- *Media and Entertainment*
  - –Determination of the effectiveness of drug-related public service announcements.
  - –Determination of the most effective method for rating movies and videos.
- *Law Enforcement*
  - –Determination of more effective ways to search vehicles and containerized cargo entering our country.
  - –Continued efforts to enhance the ability of law enforcement to detect drug users in field enforcement situations.

–Determination of better methods to detect illegal drug use among motor vehicle operators.

- *Sports*

  –Determination of factors that may lead to illegal drug use by male and female athletes.

  – Determination of the extent of illegal drug use among athletes at all levels of competition.

- *Treatment*

  –Determination of effective methods to treat young drug users.

  –Determination of how to best match a client with a particular treatment modality.

  –Determination of treatment programs and methods for dealing with "crack" and other emerging drugs.

  –Determination of methods to best encourage people to enter and remain in treatment.

- *Transportation*

  –Improvement of drug use detection techniques for supervisors and co-workers in the workplace, and for law enforcement officers in enforcing state highway traffic safety laws.

- *Workplace*

  –Identification of the prevalence, effects, and treatment of drug use in the workplace.

  –Assessment of the scope and effects of antidrug workplace programs.

Recommendation 8. The President should appoint a bipartisan Blue Ribbon Committee composed of Conferees and other representatives of public and private sectors, public interest groups, citizens, youth, the professional and scientific communities, sports, media and entertainment, and the clergy to monitor the implementation of the recommendations of the White House Conference for a Drug Free America.

The Final Report of the White House Conference for a Drug Free America represents a collection of the best thoughts and perspectives of some of our brightest and most-informed citizens. Private citizens, government officials, corporate representatives, academics, members of the clergy, public interest group members, and youth worked long and hard to help develop a plan to end illicit drug use in America.

This is a workable plan for all Americans, whatever their race or ethnicity, age, economic status, or location. If implemented, this plan could dramatically reduce illicit drug use in the United States. However, the plan will remain a paper exercise unless a committee of distinguished Americans will accept a charge from the President to provide the leadership necessary to make the plan come to life.

Recommendation 9. Information from the Federal Government on illicit drugs should be centrally disseminated by the National Drug Prevention Agency.

One of the main complaints heard at the regional and national conferences was that information regarding illicit drugs and antidrug programs was not routinely available at the local level. Organizations involved in every aspect of fighting illicit drug use cited their need for more information on their particular aspect of the problem. Brochures, reading lists, research findings, statistics, films, videos, public service announcements, and the like are all needed at the State and local levels to help educate the public and improve society's response to the problem.

Many Federal, State, and private agencies have clearinghouses, resource centers, or information offices that distribute a wide range of drug-related information (see Appendix 2). But sometimes people looking for information on a particular aspect of the drug problem have to go to several agencies to find it. They may, if they persevere, eventually find it, or they may get discouraged and stop looking. Even more troubling, several agencies produce practically the same material or material that is inconsistent or contradictory.

Information on drugs from the Federal Government should be disseminated to the public by one agency, the National Drug Prevention Agency (see Federal Reorganization Recommendation 2). When established, this agency should ascertain what information is available in each agency, catalog all information, review all information for consistency, eliminate duplicative material, and make pertinent information widely available across the country. Information should be disseminated through a variety of mechanisms including workshops, lectures, and discussions, by innovative and dynamic leaders.

Recommendation 10. The religious community, its leaders and members, must become actively involved in fighting illicit drug use in this country.

As stated throughout this report, winning the battle against drugs is going to require the efforts of everyone. In the development of a comprehensive drug strategy, organized religion should not be overlooked. Religious communities play a significant role in the lives of their members, not only in traditional ways–offering guidance and support, affirming moral and spiritual values–but also by providing recreational, social and cultural events.

Most religious communities have thus far not become actively involved in fighting the problem of illegal drugs, either because they have denied the existence of the problem, or because they are unsure about how to get involved. Organized religion could have significant influence on the problem of drugs in the community. Religious leaders are respected in their communities. They are looked to by their members and other community leaders for guidance and support. Their community standing, coupled with their access to resources or other sources of influence, places them in a good position to effect change.

First, they must recognize that, regardless of their location and constituency, the drug problem is one for which they have some responsibility. Illicit drugs affect not only drug users but the entire community, and as members of the community the religious leaders need to get involved. Drug use is not only a legal, medical, and social issue, it is a moral issue, too; the clergy have to recognize this and be willing to address the problem.

They can speak about drugs from moral and spiritual perspectives, affirming standards for their members to live by. They can educate members about the dangers of drug use and actively work with drug users among their parishioners or members. They can open their churches for "drug-free" youth centers or for meetings of recovering addicts or users seeking to free themselves of drugs. They can use their resources to establish services like job training or training in parenthood for community residents.

Recommendation 11. The Federal Government should set and maintain standards for drug-testing laboratories, and State governments should license and monitor their performance.

If drug testing is to be accepted as a tool for determining and detecting illicit drug use, the laboratories that conduct the analyses must ensure that the results are accurate and reliable. Too much is at stake–jobs, reputations, and seniority–to permit anything less than reliable, accurate testing that protects the interests of employees subjected to the test.

One way to ensure reliability is to set standards and require laboratories to meet those standards before they can operate. Currently, 21 States require some form of license for approval for drug-testing labs; 13 of these have no standards, and 6 of them have standards that include fairness and privacy rights for the employee. All laboratories should operate under certain basic minimum standards established by the Federal Government, provided the integrity of the test, confidentiality of results, and due-process rights for employees are maintained. Uniform standards and State licensing would help ensure that tests, regardless of where they are given, are properly assessed. The standards proposed by the Department of Health and Human Services in its *Scientific and Technical Guidelines for Drug Testing Programs and Certification of Drug Testing Laboratories for Federal Agencies* have been published (*Federal Register*, April 11, 1988). These standards, once approved, should be periodically reviewed to ensure that they are kept up-to-date with evolving technology and procedures.

Recommendation 12. The Federal excise taxes on beer, wine, liquor, and tobacco should be increased and used to support antidrug programming.

For many youth, use of alcohol and tobacco are clearly gateways to the use of other illegal drugs. In some areas of the country a six-pack of beer or a bottle of wine costs less than a six-pack of soft drinks. Low prices, aggressive youth-oriented advertising, and easy access all help to account for the high use of alcohol products among youth. The increase in consumption has led to a subsequent increase in alcohol-related problems, including alcohol-related accidents, which are a major factor in deaths of young people.

Because the connection between alcohol and tobacco and further illegal drug use among youth is so high, additional funds for the war on drugs should be generated by an increase of Federal excise taxes on alcohol and tobacco. Even a minimal increase in excise tax would generate a significant amount of revenues that could be used to support a variety of drug prevention programs targeting youth.

The excise tax on beer and wine was last increased in 1951. The tax on distilled liquor was raised in 1985, from $10.50 a proof gallon to $12.50 a proof gallon, the first increase since 1951. The tax on cigarettes was raised from 8 cents a pack to 16 cents a pack in 1983. Current Federal excise tax rates result in a tax of approximately 3 cents on every 12 ounces of beer, and 17 cents for a gallon of wine with alcoholic content of 14 percent or less. The tax on beer, wine, and liquor has obviously not begun to keep pace with the cost of living or with the increase in other taxes. Doubling the tax on ordinary table wine, which is currently approximately three cents a bottle, would raise over $136 million per year and would cost the consumer only three additional cents per bottle. Doubling the tax on beer, to approximately six cents a bottle, would represent a small increase to the user–18 cents per six-pack–but would raise more than $1 billion for the war against drugs. Similarly, a small increase in the tax on distilled spirits would generate millions of dollars of additional revenue.

Appendix 1: Executive Summary White House Conference For A Drug Free America Recommendations

RECOMMENDATIONS FOR PREVENTION

Recommendation 1: **Parents and guardians must assume responsibility for preventing the use of illicit drugs by all persons within their family or household.**

Recommendation 2: **The establishment and support of parent groups should be a priority for all communities.**

Recommendation 3: **The President and the Congress should emphasize prevention as the major strategy for eliminating illicit drug use in this country.**

Recommendation 4: **All prevention initiatives that target young people should include the participation of youth in a meaningful way, in the creation, development, and implementation of those programs.**

Recommendation 5: **Public and private organizations should establish mechanisms to give recognition to youngsters who are drug-free and who promote a drug-free lifestyle.**

Recommendation 6: **The bulk of the funding from public and private sources for prevention programs must be long-term and should be directed to the local level.**

Recommendation 7: **Congress should enact legislation to require strong accountability and evaluation for all federally funded prevention programs.**

Recommendation 8: **Service organizations, business groups, private, nonprofit agencies, parent groups, religious organizations and community coalitions should work together and with the schools to develop drug-free programs and activities for youth.**

Recommendation 9: **Prevention strategies that are designed to serve the ethnic minority populations should be relevant to the culture of the target population, should be**

adequately funded, should incorporate technical assistance as necessary, should take into account the community's development and history, and should adapt the approach to the environment.

Recommendation 10: **Professional service providers (physicians, nurses, teachers, social workers) and judges should receive training in prevention and early intervention strategies to deal with illegal drug problems.**

Recommendation 11: **Concrete actions must be taken immediately to discourage all young people from using alcohol and tobacco. These actions should include clear and consistent "no use" messages concerning alcohol and tobacco, content and warning labels on alcoholic beverages, stronger enforcement of purchase and public possession of alcohol laws for minors, and restriction of alcohol and tobacco advertising according to existing industry guidelines.**

Recommendation 12: **Coordination of all efforts to prevent drug use should be encouraged at national, State, and local levels.**

Recommendation 13: **Local elected officials or other leadership should develop community-based prevention councils to develop and coordinate prevention activities, promote innovative programs, develop stable funding sources and disseminate current information.**

Recommendation 14: **The Federal Government should provide substantially greater resources for prevention research, should disseminate the translation of research findings, and should establish regional and national prevention development centers.**

RECOMMENDATIONS FOR EDUCATION

Recommendation 1: **Schools (from kindergarten through high school) and local boards of education must establish and enforce policies and procedures for students, teachers, administrators, and staff that clearly forbid the sale, distribution, possession, or use of all illicit drugs and alcohol on school property or at school-**

sponsored functions. Parents, students, and community officials should participate in developing and supporting these policies.

The following policies and procedures are recommended:

- **Prohibiting the promotion, use or selling of any illegal substance (including alcohol, which is illegal for persons under the age of 21) at school, on school property, or at school-sponsored functions.**
- **Establishing and enforcing no use of tobacco rules for students.**
- **Developing a clear, strong, and consistent response for any violation.**
- **Reporting use or suspected use of drugs by students to parents and to law enforcement officials.**
- **Helping law enforcement officials get involved in identifying and resolving the problem.**
- **Using school or other facilities for student support groups such as Alcoholics Anonymous and Narcotics Anonymous.**
- **Enlisting the participation of students who are respected by their peers in school programs to prevent illegal drug use.**
- **Providing alternative education arrangements for students who are removed from school because of drug-or alcohol-related offenses.**
- **Ensuring that teachers, administrators, and other staff are neither abusers of alcohol nor users of illegal drugs.**
- **Providing a system of intervention and referral services for students, faculty, and other staff.**
- **Establishing methods to measure illicit drug and alcohol use among students at the school, and to evaluate the success of policies and procedures.**

Recommendation 2: **Schools must be an active part of "community-wide" efforts to end the use of illegal drugs.**

To this end, the schools should take the following actions:

- Coordinate communitywide efforts.
- Work to establish a sense of community pride in which all members of the community participate.

- Actively involve youth in community outreach programs for the aged, handicapped, or other service programs.

- Encourage local businesses to provide financial support for antidrug and antialcohol initiatives. Businesses should:
  - –Actively monitor and discourage sales of alcohol and tobacco to underage clients;
  - –Sponsor various academic, athletic, and cultural activities for teens;
  - –Sponsor contests, scholarships, work-study programs, character building programs, and summer jobs for adolescents.

- Have gathering places for youth (i.e., school auditoriums and gymnasiums, community centers, or some analogous meeting place) and assure they are drug-free.

- Sponsor after-school and evening activities for adolescents.

Recommendation 3: **Schools must get parents actively involved in the prevention of drug and alcohol use.**

Recommendation 4: **Chief State school officers and State boards of education must ensure that textbooks, curricula, and other materials on alcohol and drugs are accurate and current, that they clearly and consistently carry a "no use" message, and that they integrate education about illicit drugs and alcohol into the existing school curriculum from kindergarten through college.**

Recommendation 5: **Colleges and universities must adopt firm, clear, and strongly enforced "no use" drug policies encompassing all members of the college community.**

These policies should include the following:

- Clear prohibitions regarding the possession, use, or sale of illicit drugs by students, faculty, and other employees. For students under age 21 this prohibition would also apply to alcohol.

- Disciplinary measures for any infringement of these prohibitions.

- Procedures for reporting drug and alcohol use or sale by students, faculty, or staff.

- A special curriculum–dealing with the consequences and forms of drug use and responses to it–for persons preparing to become physicians, nurses, lawyers, social workers, teachers, ministers, and psychologists.

Recommendation 6: **Federal grant money to colleges and universities and for student loans should be contingent upon the institution's having and enforcing "no use" drug and alcohol policies.**

Recommendation 7: **States should require all teachers to be knowledgeable about drug and alcohol-related issues for teacher certification.**

Recommendation 8: **Amend existing Federal legislation for drug education and prevention programs to assure accountability for results; in other words, tie in continued funding to a measurable decrease in drug and alcohol use.**

Recommendation 9: **Funding for school-based drug prevention, education, and awareness efforts should be sustained over an extended period of time and should be contingent upon the effectiveness with which programs reach their stated goals.**

RECOMMENDATIONS FOR THE CRIMINAL JUSTICE SYSTEM

Recommendation 1: **Federal, State, and local governments must allocate more resources to all segments of the criminal justice system to combat illicit drug use. In addition, Federal antidrug funds should be available over a 3-year period to allow proper planning for their use.**

Recommendation 2: **Additional funds must be appropriated for prison construction.**

Recommendation 3: **Criminal justice personnel should test all persons in their custody for illicit drug use, and the results of those tests should be used to make determinations regarding pretrial release, probation, and parole.**

Recommendation 4: **The process for seizing, liquidating, and distributing the assets of illicit drug offenders must be expedited.**

Recommendation 5: **Criminal justice agencies should adopt a strong antidrug policy for their employees, including appropriate forms of drug testing.**

Recommendation 6: **The training and education of criminal justice personnel in drug-related matters should be dramatically improved.**

Recommendation 7: **The Department of Defense should increase its assistance to Federal, State, and local law enforcement authorities in the war against illicit drugs.**

Recommendation 8: **The Federal Government should designate a unified, national law enforcement drug intelligence system.**

Recommendation 9: **Federal and State governments should develop stronger penalties for persons trafficking or distributing illegal drugs.**

These penalties should include:

- Death penalty for drug kingpins who are responsible for murder.
- Strong sanctions against criminal justice officials aiding or abetting the drug trade.
- Stiff mandatory-minimum sentences for:
  - Drug traffickers.
  - Those using youth in the distribution of drugs, and
  - Those selling drugs to youth.

Recommendation 10: **Judges should recognize all persons (adult and juveniles) found guilty of drug trafficking as serious offenders and sentence them accordingly.**

Recommendation 11: **Judges need to use more innovative measures to deal more effectively with first-time drug offenders and youth involved in drug-related crimes.**

Recommendation 12: **Prosecutors should hold illicit drug users accountable for their actions.**

Recommendation 13: **Local law enforcement agencies should develop and implement programs to reduce the demand for illicit drugs in the schools and throughout their communities.**

Recommendation 14: **Law enforcement agencies should adopt aggressive street-level enforcement of antidrug laws.**

Recommendation 15: **All persons found guilty of selling or distributing drugs should be referred to the Internal Revenue Service (IRS) for a review of their tax status. To**

facilitate this review, at least one IRS agent should be assigned to every Drug Enforcement Administration field office in the country.

Recommendation 16: **Persons found to be using drugs while incarcerated should not be eligible for early release.**

Recommendation 17: **All States should adopt legislation establishing multiple-copy prescription programs.**

RECOMMENDATIONS FOR TREATMENT

Recommendation 1: **Federal, State, and local governments must take immediate steps to increase drug treatment capacity.**

These should include the following actions:

- Require clients to pay for their own treatment, whenever possible.
- Increased funding for additional treatment slots.
- Development of mechanisms to permit State government override of local zoning restrictions.
- Development and use of a wide range of drug treatment modalities and programs.
- More active involvement of the private sector.
- Better use of existing treatment sites and resources.

Recommendation 2: **The Federal Government–through the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA)–should develop a standardized, objective method for determining drug treatment outcome and objective measures for assessing drug treatment success.**

Recommendation 3. **Funds for drug treatment programs should be based primarily on their efficacy and efficiency, and on the percentage of clients who remain drug-free following treatment.**

Recommendation 4. **Research findings and other data and statistics on effective drug treatment programming should be expeditiously synthesized and disseminated by ADAMHA.**

Recommendation 5. **The Department of Health and Human Services should establish a multidisciplinary task force to assess the current and future human resource needs of the treatment field.**

Recommendation 6. **Funding sources should ensure that drug treatment professionals cooperate with the family, school, legal, and social service systems in the treatment process.**

Recommendation 7. **State and local governments should assure that funds are made available for all court-ordered treatment.**

Recommendation 8. **All jails and prisons should establish drug-treatment programs.**

Recommendation 9. **Comprehensive training for diagnosis and treatment of illicit drug use should be integrated into the curricula of medical schools and other health professional courses of study.**

Recommendation 10. **The Federal Government should develop a mandatory training course on AIDS for all persons working in drug treatment programs.**

Recommendation 11. **An independent organization should evaluate the efficacy of methadone treatment.**

RECOMMENDATIONS FOR THE WORKPLACE

Recommendation 1: **Every private and public workplace must have a strong antidrug work policy that covers every employee. Federal, State and local governments should encourage such policies.**

The elements that make up a comprehensive, anti-drug-use work policy are as follows. (These elements reflect minimum guidelines; individual business or industry requirements may be stronger).

- Prohibit the use, possession, and distribution of all illicit drugs by employees, whether on or off the job.

- Include preemployment, "for cause," and random drug testing where necessary.

- Provide for employee drug education, prevention, and public awareness programs.

- Include an employee rehabilitation program.
- Guarantee confidentiality to the fullest extent possible.
- Specify the consequences for illicit drug use, up to and including dismissal for employees who do not adhere to the antidrug policy.
- Establish training programs for supervisors to identify employees showing behavioral and physiological evidence of drug use.
- Establish data collection and recordkeeping procedures to assess the effectiveness of the antidrug policy.

Recommendation 2: **Labor unions and employee associations must promote a drug-free life-style among their membership and in their communities.**

Recommendation 3: **The Small Business Administration, with the support of other appropriate Federal agencies and private organizations, must help small businesses adopt and implement drug-free workplace policies.**

Recommendation 4: **The Secretary of Commerce should direct an effort by business and trade associations to work together and with the community to promote a drug-free workplace.**

Recommendation 5: **Workplace liability and health insurers and worker's compensation carriers should consider offering reduced premiums, associated with the reduced risk, for companies adopting antidrug policies and programs.**

Recommendation 6: **Any comprehensive health insurance plan should make available coverage for illegal drug use treatment and rehabilitation programs.**

RECOMMENDATIONS FOR TRANSPORTATION

Recommendation 1: **Every private and public transportation organization should have a strong antidrug-policy that is developed and implemented by both labor and management and covers all employees.**

The elements of the antidrug policy for the transportation industry are very similar to those specified in the Drug-Free Workplace chapter. They are as follows:

- Prohibit the use, possession, and distribution of all illicit drugs by employees, whether on or off the job.
- Provide for employee drug education, prevention, and public awareness programs.
- Provide for employee assistance with treatment and rehabilitation options.
- Include appropriate forms of drug testing.
- Guarantee confidentiality to the fullest extent possible.
- Specify the consequences for illicit drug use up to and including dismissal for employees who do not adhere to the antidrug policy.
- Establish training requirements for supervisors to identify employees showing behavioral and physiological evidence of drug use.
- Require data collection and recordkeeping to determine the effectiveness of the antidrug policy.

Recommendation 2: **Transportation industry liability and health insurers and workers compensation carriers should offer reduced premiums, associated with the reduced risk, for companies adopting effective antidrug policies and programs.**

Recommendation 3: **The transportation industry should promote public awareness, especially among young people, that illicit drug use is not tolerated among workers in the transportation industry.**

Recommendation 4: **The Federal Government should pass legislation to encourage States to set "no use" of illicit drugs as the standard for all transportation operators, whether commercial or private (not-for-hire), and to assess penalties toward States that do not comply.**

Recommendation 5: **The Department of Transportation should establish a clearinghouse to collect, identify, and disseminate information about model antidrug policies, regulations, legislation, and standards.**

Recommendation 6: **The Department of Transportation should establish a Drug-Free Transportation Working Group composed of public and private sector experts,**

including operations personnel, to address the long-range issues involving drug use and transportation.

RECOMMENDATIONS FOR SPORTS

Recommendation 1. **Athletes at all levels must make a personal commitment to remain drug-free.**

Recommendation 2. **Organized sports institutions should design and implement comprehensive antidrug policies.**

Recommendation 3. **Sports organizations, amateur and professional, should ensure that their activities and their members do not promote, endorse, or condone the illegal consumption of alcohol or the abuse of alcohol.**

Recommendation 4. **Parents and guardians should be involved in every aspect of their children's athletic development.**

RECOMMENDATIONS FOR PUBLIC HOUSING

Recommendation 1. **Public Housing Authorities (PHAs), in cooperation with residents, local government officials, law enforcement, authorities, and support groups in the private sector should develop and implement procedures that are designed to end drug use and sales in public housing developments.**

These policies should include the following:

- Making drug treatment and prevention information and resources available to all PHA residents and employees.
- Offering PHA employees who use drugs access to treatment services before taking punitive action.
- Notifying police immediately of any employees involved in drug trafficking.
- Screening potential PHA employees for previous drug-related arrests and convictions. Priority should be given to applicants without such offenses
- Screening potential PHA residents for past illegal or disruptive behavior.

- Establishing procedures for the active involvement of PHA residents in creating drug-free public housing developments.
- Establishing and implementing procedures to ensure that PHA residents can be immediately evicted for being convicted of drug-related offenses or for allowing their units to be used for illegal activities.
- Allocating space for meetings of Alcoholics Anonymous, Narcotics Anonymous, Al-Anon, and other related service groups.
- Immediately boarding up or rerental of vacant apartments.

Recommendation 2: **Public housing residents must take every action to keep their housing units and their developments free of drugs.**

Recommendation 3: **Municipalities and county governments should provide the same level of municipal services to public housing developments that they provide to every other part of the community.**

Recommendation 4: **Community groups should establish programs for youth emphasizing drug-free lifestyles in public housing.**

Recommendation 5: **The State, county and municipal governments should provide adequate law enforcement services to public housing developments.**

Recommendation 6: **At least two percent of the Department of Housing and Urban Development's (HUD) Comprehensive Improvement Assistance Program (CIAP) funds should be made available to PHAs for antidrug initiatives.**

Recommendation 7: **The Department of Housing and Urban Development and associations such as the National Association of Housing and Redevelopment Officials, the Council of Large Public Housing Authorities, the Public Housing Association, the Public Housing Authorities Directors Association, and the National Tenants Organization should provide training on drug-free public housing techniques to PHA staff, residents, drug treatment and prevention experts, law enforcement officials, and the private sector.**

RECOMMENDATIONS FOR MEDIA AND ENTERTAINMENT

Recommendation 1: Every segment of the news media and entertainment industries must ensure that its programming avoids any positive portrayal of illicit drug use, and that responsible industry executives reject as unacceptable any programming that does not meet this standard.

Recommendation 2: Every segment of the media must establish a comprehensive public campaign against illicit drug use.

Recommendation 3: Media employers must adopt for all media workplaces a strong antidrug work policy that covers every employee.

Recommendation 4: Local media must work closely with community leaders and citizen groups to combat the use of illicit drugs.

Recommendation 5: Media messages must also increasingly target people who do not now use illicit drugs and minority populations.

Recommendation 6: The movie rating system, conducted by the Motion Picture Association of America, must take a stronger stance against illegal drugs.

Recommendation 7: The media must adhere to existing guidelines restricting alcohol and tobacco advertising that targets youth.

Recommendation 8: Student-run media, including high school newspapers and college print and broadcast outlets, must actively disseminate accurate information about illicit drug use.

RECOMMENDATIONS FOR INTERNATIONAL DRUG CONTROL

Recommendation 1: International illicit-drug-related issues must be given a much higher priority in the formulation of United States foreign policy.

Recommendation 2: United States drug eradication programs overseas must be refocused and strengthened.

Recommendation 3: Congress should review the legislation creating the narcotics certification process.

Recommendation 4: The activities of United States law enforcement officials engaged in narcotics enforcement overseas should be strengthened.

Recommendation 5: The U.S. Department of Treasury should convene a meeting, or series of meetings, on international drug money laundering to develop specific suggestions for improving international cooperation in the investigation and confiscation of illicit-drug-related assets and profits.

Recommendation 6: The United States should intensify its efforts to exchange expertise and information with other countries on effective prevention and treatment programs to combat illegal drug use.

RECOMMENDATIONS FOR FEDERAL REORGANIZATION

Recommendation 1. Legislation should be proposed and enacted to create the Cabinet-rank position of National Drug Director.

Recommendation 2: Legislation should be proposed and enacted to create an independent National Drug Prevention Agency.

Recommendation 3: The Department of Defense should be designated as the primary agency to conduct air and sea antidrug surveillance.

Recommendation 4: Strong consideration should be given to transferring the law enforcement activities relating to international drug control currently conducted by the State Department to the Drug Enforcement Administration.

Recommendation 5: Strong consideration should be given to establishing an international antidrug fleet of planes, helicopters, other vehicles, and necessary equipment to help with eradication, intelligence, and enforcement efforts in source countries.

Recommendation 6: Strong consideration should be given to legislation that would create the position of Under Secretary of State for Drugs, Terrorism, and Insurgency.

Recommendation 7: An independent evaluation of the National Institute on Drug Abuse should be conducted.

SYSTEMWIDE RECOMMENDATIONS

Recommendation 1: Legalization of illicit drugs must be vigorously opposed by government at all levels and by all segments of society.

Recommendation 2: Use of illicit drugs must not be considered a victimless crime.

Recommendation 3: Federal, State, and local governments need to allocate more resources for the war against drugs. (Also see Prevention, Treatment, Law Enforcement, Education).

Recommendation 4: Federal, State, and local drug funds should be expended on programs of proven effectiveness, expended expeditiously, allocated for more than one year, when appropriate and tied to a policy of zero tolerance for illegal drugs.

Recommendation 5: The Federal Government should deny justice assistance funds to all States and localities that do not develop and implement a plan for sanctions against drug users.

Recommendation 6: The White House and Government agencies at Federal, State, and local levels should develop and implement awards programs to provide recognition to individuals and organizations that have made exemplary contributions in the fight against illicit drugs.

Recommendation 7: Research on the use of illicit drugs must be conducted in several areas: education, prevention, media/entertainment, law enforcement, sports, treatment, and transportation.

Recommendation 8: The President should appoint a bipartisan Blue Ribbon Committee composed of Conferees and other representatives of public and private sectors, public interest groups, citizens, youth, the professional and scientific communities, sports, media and entertainment, and the clergy to monitor the implementation of the recommendations of the White House Conference for a Drug-Free America.

Recommendation 9: Information from the Federal Government on illicit drugs should be centrally disseminated.

Recommendation 10: The religious community–its leaders and members–must become actively involved in fighting illicit drug use in this country.

Recommendation 11: The Federal Government should set standards for, and the state government should license and monitor the performance of all drug-testing laboratories.

Recommendation 12: The Federal excise taxes on beer, wine, liquor, and tobacco should be increased to support antidrug programming.

Appendix 2: Sources of Information and Resources on Drug Issues

In addition to the programs listed at the end of each chapter, the following sources of information are also available:

ACTION

Drug Prevention Program
806 Connecticut Avenue, N.W.
Washington, D.C. 20525
(202) 634-9759

The Action Drug Alliance's goal is to strengthen and expand community-based volunteer efforts in drug abuse prevention and education by awarding grants and contracts, sponsoring conferences and providing technical assistance services.

ADULT CHILDREN OF ALCOHOLICS

Central Service Board
P.O. Box 3216
Torrance, CA 90505
(213) 534-1815

This is a 12-step traditional self-help organization run by an all volunteer office that gives information on ACA meetings all over the United States. This organization does not, however, give any referrals to counseling or professional services.

AL-ANON FAMILY GROUP HEADQUARTERS

P.O. Box 862
Midtown Station
New York, NY 10018-0862
(212) 302-7240

Al-Anon works with families, friends, and anyone involved with an alcoholic.

ALCOHOLICS ANONYMOUS

BOX 459
GRAND CENTRAL STATION
NEW YORK, NY 10163
(212) 473-6200

"Alcoholics Anonymous is a fellowship of men and women who share their experience strength and hope with each other that they may solve their common problem and help others to recover from alcoholism.

The only requirement for membership is a desire to stop drinking. There are no dues or fees for AA membership; [they] are self-supporting through [their] own contributions. AA is not allied with any sect, denomination, politics, organization or institution; does not wish to engage in any controversy, neither endorses or opposes any causes. [Their] primary purpose is to stay sober and help other alcoholics to achieve sobriety." (Reprinted with the permission of AA Grapevine, Inc.)

AMERICAN BAR ASSOCIATION

Advisory Commission on Youth, Alcohol, and Drug Problems
American Bar Association
1800 M Street, N.W.
Washington, D.C. 20036
(202) 331-2290

AMERICAN COUNCIL FOR DRUG EDUCATION (ACDE)

Suite 110
204 Monroe Street
Rockville, MD 20850
(301) 294-0600

The American Council for Drug Education writes and publishes educational materials; reviews scientific findings; and develops educational media campaigns. The pamphlets, monographs, films, and other teaching aids on the health risks associated with drug and alcohol use are targeted at educators, parents, physicians, and employees.

THE AMERICAN LEGION

A Square Deal For Every Child
National Americanism & Children and Youth Division
P.O. Box 1055
Indianapolis, Indiana 46206
(317) 635-8411

The American Legion has three education/prevention brochures that are geared toward elementary, junior high, and high school students. In addition, American Legion members give drug education talks to community groups and schools if requested.

AMERICAN PROSECUTORS RESEARCH INSTITUTE

Center For Local Prosecution of Drug Offenses
1033 North Fairfax Street
Suite 200
Alexandria, VA 22314
(703) 549-6790

The Center For Local Prosecution of Drug Offenses provides local prosecutors with training, technical assistance, and effective techniques in dealing with drug cases.

BENEVOLENT AND PROTECTIVE ORDER OF ELKS DRUG AWARENESS PROGRAM

c/o Mr. Richard Herndobler
Post Office Box 310
Ashland, OR 97520
(503) 482-3911

The Elks, dedicated to volunteerism and public service, emphasize the health hazards of marijuana and cocaine in their campaign. The Elks also distribute large quantities of literature on substance abuse to local schools and present talks on the subject as well.

COCANON FAMILY GROUPS

P.O. Box 64742-66
Los Angeles, CA 90064
(213) 859-2206

Cocanon Family Groups is a 12-step program for those who are concerned about someone else's cocaine abuse.

COMP CARE PUBLICATIONS

2415 Annapolis Lane
Minneapolis, MN 55441
1-800-328-3330

Comp Care Publications is a source for pamphlets, books, and charts on drug and alcohol use, chemical awareness, and self-help.

DRUG ENFORCEMENT ADMINISTRATION

1405 Eye Street, N.W.
Washington, D. C. 20537
(202) 786-4096

The Drug Enforcement Administration offers a wide variety of information on how to implement drug programs including those for student athletes, the workplace, and the community.

FAMILIES ANONYMOUS, INC.

P.O. Box 528
Van Nuys, CA 91408
(818) 989-7841

A self-supporting, self-help program for families facing problems at home, Families Anonymous, Inc. offers meetings for parents, relatives and friends of individuals addicted to drugs or alcohol.

HAZELDEN EDUCATIONAL MATERIALS

Box 176
Center City, MN 55012
1-800-328-9000 (US only)
800-257-0070 (in MN)
612-257-4010 (AK and Outside US)

Hazelden Educational Materials publishes and distributes a broad variety of materials on chemical dependency and recovery. A free catalog of materials is available through calling the toll free number.

JUNIOR LEAGUE OF ATLANTA

Gate Awareness through Education (GATE)
3154 Northside Parkway NW
Atlanta, GA 30327
(404)261-7799

Through its GATE program, the Junior League of Atlanta conducts programs and distributes educational materials aimed at grade schoolers, especially those in grades 3 through 5.

KIWANIS INTERNATIONAL

Public Relations
3636 Woodview Trace
Indianapolis, IN 46268
(317) 875-8755

Kiwanis International has available for general distribution (in nine languages) public awareness/relations items for billboards, radio and TV public service announcement spots, and print ads. It has developed a teaching manual, for grades 4 through 6, entitled "Choices about Drugs."

LIONS CLUB INTERNATIONAL

Special Research and Development
300 22nd Street
Oakbrook, IL 60570
(312) 571-5466

The Special Research and Development staff has developed drug awareness materials that emphasize drug prevention through education and that include information on how to get involved in the local community. In conjunction with Quest International, the Lions Club has developed an educational curriculum entitled "Skills for Adolescents," a one-semester course to teach 10-14 year olds how to make responsible decisions and how to combat the adverse influences of peer pressure.

MOTHERS AGAINST DRUNK DRIVING (MADD)

National Office
669 Airport Freeway, Suite 310
Hurst, TX 76053
(817) 268-6233*

Primarily through its 400 local chapters, MADD mobilizes victims and their allies to establish the public conviction that drunk driving is unacceptable and criminal in order to promote corresponding public policies, programs, and personal accountability. *The National Office recommends that interested citizens check local phone directories for local chapter phone numbers.

NAR-ANON FAMILY GROUP HEADQUARTERS, INC.

World Service Office
P.O. Box 2562
Palos Verdes Peninsula, CA 90274
(213) 547-5800

A support group to Narcotics Anonymous, NAR-Anon is structured similarly to AL-Anon and follows its 12-step program. Started in 1960, NAR-Anon services families and relatives of drug users throughout the world.

NARCOTICS ANONYMOUS

World Service Office
P.O. Box 9999
Van Nuys, CA 91409
(818) 780-3951

Based on the 12-step program originated by Alcoholics Anonymous, Narcotics Anonymous functions as a self-help group of and for recovering addicts. The group is open to any drug user and assesses no drugs or fees. Members rely on the therapeutic value of one addict helping another. Founded in 1953, Narcotics Anonymous has 12,000 chapters in the U.S. and chapters in 40 other countries.

NARCOTICS EDUCATION, INC.

6830 Laurel Street NW
Washington, DC 20012
(202) 722-6740 (DC and AK)
1-800-548-8700

A non-profit organization who, for 35 years, has published pamphlets, books, teaching aids, posters, audio-visuals, and magazines with drug-free messages. Its periodicals, LISTEN and WINNER, teach reading and life skills and drug prevention. A free catalog ("The Health Connection") and samples of LISTEN and WINNER are available by calling the toll free number.

NATIONAL ASSOCIATION FOR CHILDREN OF ALCOHOLICS (NACOA)

31582 Coast Highway, Suite B
South Laguna, CA 92677
(714) 499-3889

NACOA publishes magazines, pamphlets and other information for children of alcoholics. It does not arrange meetings. For information about local meetings of Adult Children of Information contact the ACA Center Service Board, 213-534-1815 (see above listing).

NATIONAL ASSOCIATION OF SECONDARY SCHOOL PRINCIPALS (NASSP)

1904 Association Drive
Reston, VA 22091
(703)860-0200

NASSP advances middle and high school education and provides leadership in such matters as administration and supervision, research, professional standards, and national education problems.

NATIONAL BOARD OF THE YWCA (YOUNG WOMEN'S CHRISTIAN ASSOCIATION) OF THE U.S.A.

726 Broadway
New York, New York 10003
(212) 614-2827

The YWCA promotes a combined drug and alcohol prevention program for girls and adults called "Women As Preventers: An Adult-Teen Partnership."

NATIONAL CLEARINGHOUSE FOR ALCOHOL AND DRUG ABUSE INFORMATION (NCADI)
P.O. Box 2345
Rockville, MD 20852
(301) 468-2600

NCADI, which services the Office of Substance Abuse Prevention, has available a library that covers a range of alcohol and drug abuse issues and has a computerized research capability. The service responds to requests from community leaders, researchers, and others. Bulk quantities of information are available to the general public.

NATIONAL COUNCIL OF JUVENILE AND FAMILY COURT JUDGES
P.O. Box 8970
University of Nevada/Reno
Judicial College Building #118
Reno, Nevada 89507
(702)784-1662

The National Council of Juvenile and Family Court Judges provides the report, "Juvenile and Family Substance Abuse: A Judicial Response"; technical assistance on issues of dependency, delinquency, and the substance abuse problem; and information on screening, prevention, identification, assessment, and evaluation.

NATIONAL COUNCIL ON ALCOHOLISM
12 W. 21st Street
New York, New York 10010
(212) 206-6770 (office)
1-800-NCA-CALL (hotline)

The National Council on Alcoholism's two leading missions are to provide education and advocacy on behalf of alcoholics, other drug dependent people, and their families. NCA has 200 affiliates that provide information and referral in states and localities.

NATIONAL CHILD SAFETY COUNCIL
P.O. Box 1386
Jackson, Michigan 49204
(517) 764-6070

The NCSC produces booklets, kits and other materials for schools to use in drug and alcohol education curricula.

NATIONAL INSTITUTE ON DRUG ABUSE (NIDA)
U.S. Department of Health and
Human Services
5600 Fishers Lane
Rockville, MD 20857
(301) 443-6245

NIDA conducts and supports research on the causes, prevention, and treatment of drug abuse, and produces a national directory of drug abuse and alcoholism treatment programs, leaflets, and drug abuse statistics.

NATIONAL INSTITUTE OF DRUG ABUSE (NIDA) HOTLINE
1-800-662-HELP

This toll-free confidential information and referral line directs callers to drug abuse treatment centers in the local community, and provides free materials on illegal drug abuse upon request.

NATIONAL ORGANIZATION ON LEGAL PROBLEMS OF EDUCATION

3601 Southwest 29th
Suite 223
Topeka, KS 66614
(913) 273- 3550

The National Organization on Legal Problems of Education disseminates information on judicial decisions including those relating to drug use in education.

NATIONAL PARENT-TEACHER ASSOCIATION (P.T.A)
700 North Rush Street
Chicago, Illinois 60611-2571
(312) 787-0977

The National P.T.A. provides information on how to talk with children about drugs and alcohol, and produces idea guides on how to implement drug and alcohol prevention programs.

NATIONAL SCHOOL BOARDS ASSOCIATION
Council of School Attorneys
1680 Duke Street
Alexandria, VA 22314
(703) 838-NSBA

The Council of School Attorneys provides a national forum on the practical problems faced by local public school districts and the attorneys who serve them. This organization conducts programs and seminars and publishes monographs on a wide range of legal issues—including drug use—that affect public school districts.

NATIONAL SELF-HELP CLEARINGHOUSE

33 West 42nd Street
Room 620-N
New York, NY 10036
(212) 840-1259

The Clearinghouse provides information and training on self-help, carries out research activities, maintains data bank for self-help referral, and publishes manuals, training materials, and a newsletter.

STUDENTS TO OFFSET PEER PRESSURE (S.T.O.P.P.)

10 Lindsey Street
Hudson, NH 03051
(603) 889-8163

S.T.O.P.P. provides information and technical assistance on implementing drug prevention programs.

TOUGHLOVE

P.O. Box 1069
Doylestown, PA 18901
(215) 348-7090

TOUGHLOVE promotes self-help for parents, children and communities, emphasizing cooperation, personal initiative, avoidance of blame, and action; publishes a newsletter, brochures, and books; and conducts workshops.

U.S. DEPARTMENT OF EDUCATION

Drug-Free Schools and Communities
400 Maryland Avenue, S.W.
Washington, D.C. 20202-4101

Program designed (through state grants) to help local schools prevent and reduce drug and alcohol use and associated disruptive behavior. Five regional centers provide training and assistance to local school districts that apply.

WASHINGTON LEGAL FOUNDATION
Courtwatch
1705 N Street, N.W.
Washington, D.C. 2000
(202) 857-0240

"Courtwatch" monitors what happens to drug dealers in the court system.

YMCA (YOUNG MEN'S CHRISTIAN ASSOCIATION)
101 N. Wacker Driver
Chicago, Illinois 60606
(312) 977-0031

Your local YMCA can provide information on what programs and resources are available.

YOUTH WHO CARE
Box 4074
Grand Junction, CO 81502
(303) 245-4160

Youth Who Care provides information on starting drug abuse prevention youth groups.

Appendix 3: Recommended Reading and Audio/Visual Material

Elementary

THE SAD STORY OF MARY WANNA OR HOW MARIJUANA HARMS YOU (1988)
Peggy Mann
Woodmere Press, POB 20190 Park West Finance Station, NY, NY 10025
212-678-7839
$2.95 each plus shipping charges; Quantity discounts available
$1.00 Teachers' Guide
Book and Teachers' Guide available in Spanish.

Elementary - Audio/visual

HOW DO YOU TELL
MTI Teleprograms
PRIDE, 100 Edgewood Ave., #1002, Atlanta, GA 30303
404-651-2548
16mm $310; VHS $280; 1 week rental $30

SAY NO ELEMENTARY
Jevon Thompson
Athena Productions, POB 860 HWY 89, Corwin Springs, MT 59021
406-848-7411
$84.95

Middle School - Junior High

MARIJUANA: TIME FOR A CLOSER LOOK (1981)
Curtis Janeczek, M.D.
Healthstar Publications, POB 430, Madison, OH 40457
216-428-2850
$6.95 each plus shipping charges; Quantity discounts available
$5.00 Teacher's Guide

Middle School - Junior High Audovisual

WAKING UP FROM DOPE
Jevon Thompson
Athena Productions, POB 860 HWY 89, Corwin Springs, MT 59021
406-848-7411
$69.95

High School

ARRIVE ALIVE: HOW TO KEEP DRUNK AND DRUGGED DRIVERS OFF THE ROAD
(1985)
Peggy Mann
PRIDE, 100 Edgewood Ave., #1002, Atlanta, GA 30303
$8.95

800-COCAINE (1986)
Mark S. Gold, M.D.
PRIDE, 100 Edgewood Ave., #1002, Atlanta, GA 30303
$3.95

THE FACTS ABOUT DRUGS & ALCOHOL (1986)
Mark S. Gold, M.D.
Bantam Books, Inc., 666 Fifth Ave., New York, NY 10013
$2.95

TOMA TELLS IT STRAIGHT ... AND WITH LOVE (1987)
David Toma with Irv Levey
Available in local bookstores.
$2.95

TOUGH TURF (1986)
Bill Sanders
Sanders Associates, 8495 Valleywood Lane, Kalamazoo, MI 49002
616-323-8074
$5.95

POT SAFARI (1987)
Peggy Mann
Woodmere Press, POB 21090 Park West Finance Station, NY, NY 10025
$6.95 plus shipping charges: Quantity discounts available.
212-678-7839

High School Audio/visuals

JUST SING NO (1987)
Julie Parker and Impact 2000
463 Valleyview Road, RD #1, Eighty Four, PA 15330
412-941-2330

MARIJUANA: MYTHS & MISCONCEPTIONS (1986)
Robert C. Gilkeson, M.D.
The Center for Drug Education & Brain Research, POB 900, Cos Cob, CT 06807
203-698-1133
$200 90 minutes in four twenty-minute sections

Spanish Material

Texans' War On Drugs, 3875 East Southcross, #D-2, San Antonio, TX 78222
Attention: Jose Marquez
512-333-3364

Educators - Parents - Adults

MARIJUANA ALERT (1985)
Peggy Mann
McGraw-Hill, Princeton Road, Heightstown, NJ 08520
$10.95

DRUGS & SOCIETY - RESPONDING TO AN EPIDEMIC
Richard A. Hawley, Ph.D.
Walker & Company, 720 Fifth Ave, NY, NY 10019
$5.95

GETTING TOUGH ON GATEWAY DRUGS (1984)
Robert L. DuPont, Jr., M.D.
American Psychiatric Press, 1400 K Street, NW, Washington, D.C. 20005
$7.95

KEEP OFF THE GRASS (1985)
Gabriel G. Nahas, M.D., Ph.D.
PRIDE, 100 Edgewood Ave., #1002, Atlanta, GA 30303
1-800-241-7946
$8.95

HOW TO IDENTIFY, PREVENT & GUIDE TREATMENT OF DRUG ABUSE BY YOUTH (1985)
Forest S. Tennant, Jr. M.D.
Committees of Correspondence, Inc., 57 Conant St., Room 113, Danvers, MA 01923
$3.50

DRUG PREVENTION RESOURCES (1988)
Connie & Otto Moulton
Committees of Correspondence, Inc., 57 Conant St., Room 113, Danvers, MA 01923
$15.00

HOW TO KEEP THE CHILDREN YOU LOVE OFF DRUGS
Ken Barun and Philip Bashe
Atlantic Monthly Press, 19 Union Square West, NY, NY 10003
212-645-4462
Telex: 147105
$12.95

Educators - Parents - Adults Audio/visual

DRUG-FREE KIDS: A PARENT'S GUIDE
Scott Newman Foundation, 6255 Sunset Blvd., #1906, Los Angeles, CA 90028
213-469-2029
$32.45
Workbook to be used in conjunction with videotape - $12.50

MARIJUANA: MYTHS & MISCONCEPTIONS
Robert C. Gilkeson, M.D.
The Center for Drug Education & Brain Research, POB 900, Cos Cob, CT 06807
203-698-1133
$200 90 minutes in four twenty minute sections.

PARENTS ARE THE ANSWER
Jevon Thompson
Athena Productions, POB 860 HWY 89, Corwin Springs, MT 59021-0860
406-848-7411
$99.95

Health Professionals

THE MARIJUANA QUESTION (1985)
Helen C. Jones & Paul W. Lovinger
Dodd, Mead & Co., Inc., 79 Madison Ave., NY, NY 10016
$24.95

MARIJUANA IN SCIENCE & MEDICINE (1986)
Gabriel G. Nahas, M.D., Ph.D.
Raven Press, 1185 Avenue of the Americans, NY, NY 10036
$40

SENSUAL DRUGS (1981)
Hardin & Helen Jones
PRIDE, 100 Edgewood Ave., #1002, Atlanta, GA 30303
$12.95

Appendix 4: Antidrug Abuse Act of 1986, P.L. 99-570, As Amended. Title I–Subtitle S. White House Conference for a Drug Free America

SEC. 1931. SHORT TITLE.

This subtitle may be cited as the "White House Conference for a Drug Free America."

SEC. 1932. ESTABLISHMENT OF THE CONFERENCE.

There is established a conference to be known as "The White House Conference for a Drug Free America." The members of the Conference shall be appointed by the President.

SEC. 1933. PURPOSE.

The purposes of the Conference are–

(1) to share information and experiences in order to vigorously and directly attack drug abuse at all levels, local, State, Federal, and international;

(2) to bring public attention to those approaches to drug abuse education and prevention which have been successful in curbing drug abuse and those methods of treatment which have enabled drug abusers to become drug free;

(3) to highlight the dimensions of the drug abuse crisis, to examine the progress made in dealing with such crisis, and to assist in formulating a national strategy to thwart sale and solicitation of illicit drugs and to prevent and treat drug abuse; and

(4) to examine the essential role of parents and family members in preventing the basic causes of drug abuse and in successful treatment efforts.

SEC. 1934. RESPONSIBILITIES OF THE CONFERENCE.

The Conference shall specifically review–

(1) the effectiveness of law enforcement at the local, State, and Federal levels to prevent the sale and solicitation of illicit drugs and the need to provide greater coordination among such programs;

(2) the impact of drug abuse upon American education, examining in particular–

(A) the effectiveness of drug education programs in our schools with particular attention to those schools, both public and private, which have maintained a drug free learning environment;

(B) the role of colleges and universities in discouraging the illegal use of drugs by student-athletes; and

(C) the relationship between drug abuse by student-athletes and college athletic policies, including eligibility and academic requirements, recruiting policies, athletic department financing policies, the establishment of separate campus facilities for athletes, and the demands of practice and lengthy playing seasons;

(3) the extent to which Federal, State, and local programs of drug abuse education, prevention, and treatment require reorganization or reform in order to better use available resources and to ensure greater coordination among such programs;

(4) the impact of current laws on efforts to control international and domestic trafficking of illicit drugs;

(5) the extent to which the sanctions in section 481 of the Foreign Assistance Act of 1961 (22 U.S.C. 2291) have been, or should be, used in encouraging foreign states to comply with their international responsibilities respecting controlled substances; and

(6) the circumstances contributing to the initiation of illicit drug usage, with particular emphasis on the onset of drug use by youth.

SEC. 1935. CONFERENCE PARTICIPANTS.

In order to carry out the purposes and responsibilities specified in sections 1933 and 1934, the Conference shall bring together individuals concerned with issues relating to drug abuse education, prevention, and treatment, and the production, trafficking, and distribution of illicit drugs. The President shall–

(1) ensure the active participation in the Conference of the heads of appropriate executive and military departments,

and agencies, including the Attorney General, the Secretary of Education, the Secretary of Health and Human Services, the Secretary of Transportation, and the Director of ACTION;

(2) provide for the involvement in the Conference of other appropriate public officials, including Members of Congress, Governors of States, and Mayors of Cities;

(3) provide for the involvement in the Conference of private entities, especially parents' organizations, which have been active in the fight against drug abuse; and

(4) provide for the involvement in the Conference of individuals distinguished in medicine, law, drug abuse treatment and prevention, primary, secondary, and postsecondary education, and law enforcement.

SEC. 1936. ADMINISTRATIVE PROVISIONS.

(a) All Federal departments, agencies, and instrumentalities shall provide such support and assistance as may be necessary to facilitate the planning and administration of the Conference.

(b) The President is authorized to appoint and compensate an executive director and such other directors and personnel for the Conference as the President may consider advisable, without regard to the provisions of title 5, United States Code, governing appointments in the competitive service, and without regard to the provisions of chapter 51 and subchapter III of chapter 52 of such title relating to classification and General Schedule pay rates.

(c) Upon request by the executive director, the heads of the executive and military departments are authorized to detail employees to work with the executive director in planning and administering the Conference without regard to the provisions of section 3341 of title 5, United States Code.

(d) (1) While away from home or regular place of business in the performance of services for the conference, a participant in the conference may, in the sole discretion of the executive director and subject to the limitation contained in paragraph (2), be allowed travel expenses, including per diem allowance in lieu of subsistence, in the same amount, and to the same extent, as persons serving intermittently in the Government service are allowed travel expenses under section 5703 of title 5, United States Code.

(2) Travel expenses may be allowed a conference participant under paragraph (1) only if the executive director finds on the basis of a written statement submitted by the participant that the participant would otherwise be unable to participate in the conference.

(3) Total travel expenses allowed under this subsection shall not exceed $400,000.

(e) (1) The conference may accept, use, and dispose of gifts or donations for the sole purpose of carrying out its responsibilities under this subtitle.

(2) Gifts or donations accepted under paragraph (1) of this subsection are limited to–

(A) food, food services, transportation, or lodging and related services; or

(B) funds for the sole purpose of providing food, food services, transportation, or lodging and related services.

SEC. 1937. FINAL REPORT AND FOLLOW-UP ACTIONS.

(a) FINAL REPORT.– No later than July 31, 1988, the Conference shall prepare and transmit a final report to the President and to Congress, pursuant to sections 1933 and 1934. The report shall include the findings and recommendations of the Conference as well as proposals for any legislative action necessary to implement such recommendations.

(b) FOLLOW-UP ACTIONS.–The President shall report to the Congress annually, during the 3-year period following the submission of the final report of the Conference, on the status and implementation of the findings and recommendations of the Conference.

SEC. 1938. AUTHORIZATION.

There are hereby authorized to be appropriated $3,500,000 for fiscal year 1988 for purposes of this subtitle.

Appendix 5: Executive Order #12595 White House Conference for a Drug Free America

By the authority vested in me as President by the Constitution and statutes of the United States of America, including Sections 1931-1937 of Public Law 99-570 ("the Act"), and to establish and set forth the functions of the White House Conference for a Drug Free America, it is hereby ordered as follows:

Section 1. Establishment and Purposes. (a) There is established the White House Conference for a Drug Free America within the Executive Office of the President. The Conference will bring together knowledgeable individuals from the public and private sector who are concerned with issues relating to drug abuse education, prevention, and treatment, and the production, trafficking, and distribution of illicit drugs.

(b) The purposes of the Conference are to:

(1) share information and experiences in order to vigorously and directly attack drug abuse at all levels–local, State, Federal, and international;

(2) bring public attention to those approaches to drug abuse education and prevention which have been successful in curbing drug abuse and those methods of treatment which have enabled drug abusers to become drug free;

(3) highlight the dimensions of the drug abuse crisis, to examine the progress made in dealing with such crisis, and to assist in formulating a national strategy to thwart sale and solicitation of illicit drugs and to prevent and treat drug abuse;

(4) examine the essential role of parents and family members in preventing the basic causes of drug abuse and in successful treatment efforts; and

(5) focus public attention on the importance of fostering a widespread attitude of intolerance for illegal drugs and their use throughout all segments of our society.

(c) The members of the Conference shall be appointed by the President, who shall:

(1) designate the heads of appropriate Executive and military departments and agencies to participate in the Conference;

(2) provide for the involvement in the Conference of other appropriate public officials, including Members of Congress, Governors, and Mayors; and

(3) provide for the involvement in the Conference of private entities, including appropriate organizations, businesses, and individuals.

(d) An Executive Director of the Conference shall be appointed by the President and is delegated the authority to appoint other directors and personnel for the Conference and to make determinations, under Section 1936 of the Act, regarding the number of and compensation of such employees as may be required for the purposes of meeting the responsibilities of the Conference and within the limitations of the budget authority available to the Conference. The Executive Director is authorized to undertake such activities as he may deem necessary to carry out the purposes of the Conference and to prepare for meetings of the Conference members.

(e) A Managing Director of the Conference will be designated to organize and manage the operation of the Conference and to perform such functions as the Executive Director may assign or delegate, and shall act as Executive Director during the absence or disability of the Executive Director or in the event of a vacancy in the office of Executive Director.

(f)(1) The Executive Director of the Conference shall be compensated at a rate not to exceed the rate of basic pay then currently paid for level III of the Executive Schedule (5 U.S.C. 5314).

(2) The Managing Director of the Conference shall be compensated at a rate not to exceed the maximum rate of pay then currently paid for GS-18 of the General Schedule (5 U.S.C. 5332).

Sec. 2. Functions. (a) The Conference shall specifically review:

(1) the effectiveness of law enforcement at the local, State, and Federal levels to prevent the sale and solicitation of illicit drugs and the need to provide greater coordination of such programs;

(2) the impact of drug abuse upon American education;

(3) the extent to which Federal, State, and local programs of drug abuse education, prevention and treatment require reorganization or reform in order to better use the available resources and to ensure greater coordination among such programs;

(4) the impact of current laws on efforts to control international and domestic trafficking of illicit drugs;

(5) the extent to which the sanctions in Section 481 of the Foreign Assistance Act of 1961 (22 U.S.C. 2291) have been, or should be, used in encouraging foreign states to comply with their international responsibilities respecting controlled substances;

(6) the circumstances contributing to the initiation of illicit drug usage, with particular emphasis on the onset of drug use by youth; and

(7) the potential approaches and available opportunities for contributing to specific drug free segments of society, such as public transportation, public housing, media, business, workplace, and other areas identified by the Conference.

(b) The Conference shall prepare and transmit a report to the President and the Congress. The report shall include the findings and recommendations of the Conference as well as proposals for any legislative action necessary to implement such recommendations. During the three-year period following the submission of the final report of the Conference, the President will report to the Congress annually on the status and implementation of the findings and recommendations of the Conference.

Sec. 3. Administration. (a) The heads of Executive agencies, to the extent permitted by law, shall provide the Conference such information with respect to drug abuse law enforcement, interdiction, and health-related drug abuse matters, including research, as it may require for the purpose of carrying out its functions.

(b) All Federal departments, agencies, and instrumentalities are authorized to provide such support and assistance as may be necessary to facilitate the planning and administration of the Conference.

(c) Upon request by the Executive Director, the heads of the Executive and military departments are authorized to detail employees to work with the Executive Director in planning and administering the Conference without regard to the provisions of 5 U.S.C. 3341.

Sec.4. General. (a) The Executive Director is authorized to procure contractual services as necessary to support the purpose and functions of the Conference and other services, as authorized by title 5 U.S.C. 3109.

(b) Notwithstanding any other Executive order, the Administrator of General Services and the Office of Administration, Executive Office of the President, on a reimbursable basis, may provide such administrative services as may be required.

RONALD REAGAN

THE WHITE HOUSE,
May 5, 1987.

Appendix 6: White House Conference for a Drug Free America Participants

The White House Conference for a Drug Free America wishes to express its deep appreciation to all those dedicated Americans who attended the Conferences and assisted in formulating recommendations in the report. Below is a partial listing of those who attended. Many who registered as daily participants may not have been included, but their contribution is gratefully acknowledged.

Patrick Aaby,WA
Scott Aaron,OH
Jesse Abbott,MD
Rick Abell,D.C.
Karen Abrahams,FL
Lisa Abrahams,CA
Joseph Abrams,NH
Annie Achee,CO
Charles Acklen,TX
Colleen Adam,NE
Barbara Adams,DC
Harold Adams,NY
Harvey Adams,PA
Luther Adams,DC
Lynda Adams,AK
Scot L. Adams,NE
Tom Adams,CA
Sue Adams-Nepote,KS
Alan Adler,D.C.
Matt Adler,CA
Jerry Agnew,AR
Irene Aguilar,TX
Joe Ahern,IL
Edward Aiken,FL
Joe Albers,KY
Omar Aleman,FL
Frank Aletter,CA
Scott Alexander,OH
Lacey Alford,GA
Marion Alford,MS
Sharon Alford,OH
Cliff Allen,NY
John Allen,ND
Lenett Allen,MD
Park Allen,FL
Patricia Allen,MI
Phillip Allen,WA
Robert Allen,FL
Sylvia Allen,CA
Toney Allen,MD
Wilson Allen,NJ
Woodrow Allen,DC
Kirstie Alley,CA
Marion Allman,OH
Billy Allsbrook,VA
Miguel Almestica,MA
Ludwig Alpers,FL
Melvin Alston,FL
Donna Alvarado,DC
Carlos Alvarez,DC
Debra Amenson,CA
Dianne Ameperosa,
Shelley Ames,CA
Diane Amoroso,WA
Darwin Andersen,ID
Bernice Anderson,CA
Lee Anderson,MI
Margaret Anderson,IL
Marlin Anderson,FL
Marshall Anderson,CA
Patricia Anderson,OR
Robert Anderson,SD
Roger Anderson,VA
Steve Anderson,
Tom S. Anderson,NY
Wallace Anderson,IA
Mildred Andress,CA
Andy Andrews,CA
Robert Angarola,D.C.
Arde K. Anoshivani,CA
Johnnie Anthony,CA
Phyllis Antonelli,PA
Connie App,OH
Robert Appleby,FL
Larry Araki,HI
Naya Arbiter,AZ
Benjamin R.
  Archuleta,NM
Rodolfo Arevalo,CA
Jackie Arispe,DC
Frank Arletter,CA
Cynthia A. Armour,RI
Robert Armstrong,PA
Thompson Armstrong,KY
Wanda F. Armstrong,KS
Jack Arnold,OK
Josetta Arnold,FL
Nancy Arnold,OK
Susan Arpan,SD
Ellen Artley,NH
Jesse Ary,AZ
Sonja Ash,NY
Sonja Ash,NJ
Larry Ashley,MI
Nathaniel Asika,MA
Cora Asplund,CA
Gary Atkins,CA
Truman Atkins,GA
William Atkins,IL

Eliza Atwater,FL
Candy Atwood,MT
Robert Aukerman,CO
Denise L. Austin,D.C.
Ed Austin,FL
E.W. Autrey,AR
Curtis Auzenne,DC
Olga Avalos,CA
Pastor Cornelius W. Avent,D.C.
Billie Avery,NM
Donald Avery,CA
Thom Avery,NM
Maria Elena Ayala,NM
Tyrone Ayers,DC
Richard Ayres,NY
Nick Babb,OH
Fred Babinski,CA
Chris Baca,DC
David Baca,NM
Sam Baca,NM
Robert Backman,UT
Manuel Baerga,MD
Richard Bahnson,SD
Harry Bailey,ME
Karla Bailey,MD
Sandra Bailey,ME
Sue Ostergard Bailey,NE
Wilford Bailey, Ph.D.,AL
William Bailey,IN
Barbara Baird,FL
Dale Baird,VA
James A. Baird,NE
James Baker,NJ
Jo Baker,OK
Juli Baker,IA
Lauriston Baker,WA
Mary Ann Baker,FL
Ralph Baker,CA
Thomas David Baker,FL
Dennis Balaam,NV
Clifford Balenquah,AZ
Susan Bales,DC
Barbara Ball,NC
Beverly Ball,TX
Carol Ball,OH
Thomas H. Ball,TX
Troy E. Ball,MD
Troy Ball,CO
William Ball,NC
Nelda Ballagh,GA
Donald Ballantine,CA
Horace Balmer,NY
Anne Bancroft,OH
Joseph Band,DC
Colleen Bangerter,UT
Sambhu Banik,DC
Thelma Bankhead,IL
Ken Banks,DC
W. Robert Banks,SC
Willie Banks,CA
Kathryn Bannan,DC
Mahmoud Baptiste,DC
Anita Barber,AL
Lauraine Barber,CA
Joseph Roland Barbera,CA
Joan Barchi,VA
Ching Baretto,MD
Gail McGinnis Barker,DC
Luis Barker,DC
Violet Barker,FL
Phil Barlett,NM
Kimball Barlow,AZ
Merril Barlow,AZ
Parley Barlow,AZ
Ralph Barlow,AZ
Sally Barlow,NM
Tom Barlow,NE
Ray Barlowe,NC
Alvin Barnes,MD
Bill Barnes,DC
Edward Barnes,NY
Geraldine Barnes,FL
Judy Barnes,NE
Larry C. Barnes,MT
Marshall Barnes,OH
Milan Barnes,OH
Scott Barnette,CO
Pepe Baron,DC
Frank W. Barr,OH
Frank Barr,OH
Sandra Barragan,CA
Becky Barrett,KS
M. Lea Barrett,GA
Ching Barretta,MD
Ching Barretto,MD
Beverly Barron,TX
Pepe Barron,D.C.
William Barrowclough,NJ
Jeff Barry,CA
Mayor Marion Barry, Jr.,D.C.
Jeffrey Bartels,DE
Susan Bartelt,IL
Dennis Bartlett,DC
Lin Bartlett-Taylor,NY
Fran Barton,AR
Ken Barun,IL
Norma Basford,FL
Ness Bashara,NE
Rosalyn Bass,MD
Elizabeth Bassett,FL
Marilyn Bassett,IN
Ken Bastian,TX
Betty Batenburg,CA
Patricia Bates,NV
Mathew Batinovich,CA
Eliot Battle,MO
Betty Bauer,TX
Edgar Bauer,TX
Ken Baumgardner,NM
Robert Bavender,NJ
Fred Baxter,OH
Richard R. Bayquen,CA
Debra Beadlieu,NY
Deloris Beard,MO
Bob Bearden,TX
Linda Bearden,TX
Deborah Beck,PA
Adija Bedford Tyson,OH
Catherine Bego,DC
Paul T. Behnke,AR
Meg Behr,DC
Naomi Behrman,NJ
Robert Belanger,CA
Dale Elaine Bell,FL
Darnell Bell,CA
Earl P. Bell,IL
Pamela S. Bell,MA
Peter Bell,MN
Dr. Robert Bellanger,CA
Elgie Bellizio,CA
Gregory Bender,NE
Nick Benedict,
Bonnie Benenfeld,NY
Monica Benjamin,NY

Howard Bennett,NY
James Bennett,NE
Josselyn Bennett,OH
Mary Bennett,FL
Robert Bennett,CT
Rosemary Bennett,TN
Secretary William J. Bennett,D.C.
Peter Bensinger,IL
Alice Benson,NM
David C. Benson,HI
Reverend Donald Benson,NM
Daniel Bent,HI
Lee Benton,
Rear Admiral Bruce Beran,CA
Paul Berg,DC
Ellen H. Berger,CT
Kathryn Berger,FL
Pat Berger,OH
William Bergman,PA
Dianne Berlin,PA
Lynn Bernard,LA
Paul Bernheimer,KY
Abbie Berry,NE
Chuck Berry,OH
Maxine Berry,IL
Edward R. Berte,OH
Brian Berthiaune,MD
Sonja Bertrand,VI
Commander Roger Bertsch,D.C.
Karst Besteman,D.C.
Amalia V. Betanzos,NY
Sherry Betsill,IL
Teresa Bettle,OH
Jennifer Bevino,FL
Benny Beyson,SC
Phyllis Jean Bigler,KS
William Bihr,OH
Richard J Bilangi,CT
Ellen Bilinski,NJ
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Regina Birrenkott,FL
Barbara Bishop,FL
Demery Bishop,DC
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Barbara Bizzarro,OH
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Eliza Black,SC
Jeffry J. Black,ID
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Betty Blackmon,KS
Susan Blacksher,CA
Frances Blackwood,CT
Sydney Blackwood,CT
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David Blank,DC
Robert Blankenship,VA
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Mary Blevins,DC
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Sherman Block,CA
Brian Bloom,
Edris A. Bloomfield,NY
Randall Bloomfield,NY
Roberta Blotner,NY
David Bludworth,FL
Dorothy Blum,DC
Neil Blunt,OH
Carl Boaz,NM
Emmett Bobbitt,OH
Calvin Bodden,LA
Ronald Boenau,DC
Sandee J. Boese,CA
Stephen Bogan,WA
Daniel Bolin,IN
Daniel Bolin,IL
Bill Bolster,MO
Brad Bonaparte,NY
Bobby Bonds,PA
Kay Bondurant,GA
Kathy Ann Bone,FL
Juanita Booker,CA
Claire Booth,FL
Richard Booze,IL
Dave Borchardt,MO
Patricia Borgo,MA
Robert M. Borgren,KS
Glenn Borkowski,IL
Virginia Borrok,FL
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Stan Boschetti,UT
Mamie Bostic,DC
Rebecca Bowden,PA
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Daniel Bowen,FL
Secretary Otis Bowen,D.C.
James Bowerman,MD
Ellis Bowman,CA
Charles D. Bown,WA
Melvia Bowser,OH
Evelyn Box,FL
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Marvin Boyd,TX
Kathryn Boyer,DC
Sadie Boyer,NM
Kobie Boykens,NE
Kobie Boykins,DC
Penny Boykins,DC
Gene Boyle,PA
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Donald Brackman,IN
Michael Bradbury,CA
Donald Braden,OK
Hank Bradford,CA
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George Bradley,OH
Jean Bradshaw,NJ
Dewayne Brady,CA
Pamela Branan,OH
Andrea Branch,NY
Mary Ann Branche,TN
Joan Brann,CA
Peggy Braun,TX
James Braxton,IL
David Brebner,IL
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Dr. Robert Breckenridge,NJ
R. L. Breckenridge,NJ
Warren Breining,
Barbara Brelsford,FL
Richard Bretzing,CA
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Gene Brewer,FL
Susan Bridges,FL
Mark Bridgmon,WY
Hugh Brien,DC
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Carl Brinkley,FL
Kathleen Brinkman,OH
Ronald Brinn,NY

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Mildred Brooke,IL
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Harlan Brooks,CA
John Brooks,FL
Shiela Brooks,WI
Maurice Brophy,UT
Marta Brosz,SD
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Liz Brougham,FL
Bonnie Broussard,LA
Alan Brown,CA
Bobbie Brown,FL
Brenda Brown,TX
Douglas Brown,NM
Dr. Lawrence Brown,NY
Elena Brown,D.C.
Ernestine Brown,FL
Harry S. Brown,TX
James Brown,OH
James Brown,FL
Lydia W. Brown,NJ
Philip Brown,NJ
R.J. Brown,NE
Rebecca Brown,FL
Robert Brown,OH
Terrie Brown,KS
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Vicki Brown,IN
Vicki Brown,FL
William Brown,DC
Lee Brown-Corbin,CA
Rebecca Brownlee,NC
Anita Brubaker,AZ
Diane Bruckerhoff,MO
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Trina Brugger,MD
Thomas H. Bruinooge,NJ
Naomi Brummond,NE
Pat Bruns,OH
Roger Brunswick,NY
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Donald Bryant,PA
Benny Bryson,SC
Ora Buchanan,MN
Robert Buckley,IL
Steve Buckmum,CA
Bernard Buckner,OH
Galyn Buckner,GA
Daniel Jose Bueno,TX
Noel Bufe,IL
Otha Buffaloe,CT
Duaine Bullock,NE
Francette Bullock,FL
Jane Bullock,
Phyllis Bullock,OH
Reba Bullock,MD
J. Peter Bunce,LA
Gerald Bunn,OH
Sheila Bunn,D.C.
Frank P. Burger,TN
Pat Burger,OH
John Burgess,RI
William Burgin,MN
Barbara Burke,MA
John J. Burke,NC
William Burke,CA
James Burkhart,KY
A. M. Burner,CA
Secretary James H. Burnley,D.C.
E. Timothy Burns,NM
Jack Burns,OR
Josie Burns,CA
Larry Burns,CA
Gregg Burt,TX
Joyce Burt,FL
Annette Burtis,TX
Theodore Busch,OH
David Bush,PA
Asa Bushnell,AZ
Pat Busick,IA
Robert Bussard,NE
Annette Butler,TX
Anthony Butler,MI
Joan Butler,WA
Susan M. Butler,FL
Thorne J. Butler,NV
Bill Butynski,D.C.
John Byrel,OH
Edd Byrnes,CA
Felix Cabrera,DC
Lucille Cadiz-Barrow,NY
Leon Caffie,FL
Ron Caffrey,GA
Dan Cain,MN
William Caine,MA
Dianne Caines,KY
Samuel Caldrone,DC
Edward Calesa,FL
Gwen Calhoun,AZ
Barbara Caliendo,PA
Robbie Callaway,MD
William Callison,CA
Sherri Calvert,CA
David Cambell,TN
Terry Campo,DC
Jim Campolo,OH
Josie Candelaria,NM
Cynthia Canevaro,TX
Mary Anne Cangeri,OH
Leo Cangianelli,DC
Joseph M. Cannella, M.D.,NY
Bob Canning,OH
Brad Canning,OH
Louella Canning,OH
Terry Cannon,TN
Dolores Cano,NM
Diane Canova,D.C.
Joel Cantor,MD
Elizabeth Capossela,VA
Manuel Cardin-Escobedo,WY
Robert F. Cardwell,MO
Jay Carey,VA
Patricia Carey,PA
Wayne Carey,MI
George Carhart,NJ
August Carlino,DC
Wright Carlisle,TX
Kay Carlsen,TX
Norm Carlson,MN
Jack Carly,IL
William Carmack,OK
Pat Carmody,NE
Patrick Carmody,NE

Helena Carpenter,WV
Fran Carpentier,NY
Clark Carr,CA
Joe Carrabino,NY
Joseph Carrabino,CA
Mitzi Carroll,SD
Governor Garrey Carruthers,NM
Arzo Carson,TN
Judy Hall Carson,CT
Allen Carter,GA
David Carter,MI
Dianne Carter,DC
Ellen Carter,NE
Michael Carter,SC
Ms David Carter,NE
John Carver,DC
James Carvino,DC
Andrew Casazza,NY
Sam Case,IA
Estelle Casewell,NY
Rosalie Casey,MD
Elsie Caspers,NE
Martha Castenada,AZ
Dr. Robert Castillo,AZ
Pat Castle-Vanoflen,OH
William Castro,HI
Anne Catanzarite,FL
Betsy Caton,FL
Tracy Caulkins,OH
John M. Cavendish,WV
R. Michael Caylor,OH
Ruben Cedeno,GA
Governor Richard Celeste,OH
Morris Edward Chafetz,D.C.
Arthur Chalker,DE
B.R. Challenger,FL
Doris Foster Chambers,OH
Joseph Chambers,GA
Russell E. Champine,MN
Catherine Champion,OH
Bruce Chan,CA
Armand Chapeau,GA
George Chaplin,HI
Edwin Chapman,FL
Gregory Chapman,FL
Nancy Chase,CO
Ira J. Chasnoff, M.D.,IL
Dale Chasse,NH
Wayne Chattaway,FL
Teodora Chaves,MA
Anna Chavez,NM
Gary Chavez,NM
Nelba Chavez,AZ
Rebecca Cherry,TX
Romero Cherry,CT
Nelba Chevez,NM
Steve Chevez,NM
Judge Linda L. Chezem,IN
Donna Chiaro,GA
Anna-Rose Childress, Ph.D.,PA
Henry Childs,KS
Senator Lawton Chiles, FL
Susan Chilton,UT
Kathy Chirlin,OH
Jerry Chitty,SC
Janice Choate,AR
Lynda Chott,IL
Jan Christena,CA
Melody Christenson,CA
Dana Christian,NM
Donald Claasen,NE
Patrick Clancy,MA
Charmaine Clapp,CA
Casey F. Clark,CO
Catherine Sue Clark,PA
Charlie Clark,NM
Dale Clark,DC
Larry Clark,WA
Susan J. Clarke,OH
Donald Classen,NE
Thomas Claunch,FL
Jeffery Clayton,NJ
Richard Clayton,KY
Patrick Cleary,D.C.
Paula Cleckler,GA
Nell Clem,AL
Hobie Cleminshaw,OH
David Cleveland,CA
M. Amos Clifford,CA
Sue Clinkscales,GA
Anne Clippard,OH
Rebecca Clippard,OH
Frank L. Clisham,NJ
Jack Clohan,WV
Nick Clooney,OH
Kenneth G. Cloud,MO
Edward Coates,CA
Laurence Cobb,NC
George Cobbs,CA
Mary Cobbs,GA
Debra Coe-Bradish,WI
Suzanne Cohan,FL
Allan Y. Cohen, Ph.D.,MD
Ivy Cohen,CA
Chester Colby, NE
J. David Coldren,IL
James Coldren,DC
Milton Cole,MA
Roselyn Cole,IN
Alan Coleman,NM
John Coleman,MA
Shirley Coletti,FL
William Coletti,FL
Barbara Collins,FL
Bill Collins,FL
Dawn Collins,FL
Lois Collins,GA
Mandy Collins,GA
Robert N. Collins,WA
Jorge Colon,PR
Gregg Colton,FL
Lorraine Colville,NY
William Lee Colwell,AR
Ron Comerford,DC
Bill Compton,AL
Cindy Coney,FL
Tom Conlon,NM
Wally Connard,AZ
Kathryn Connell,CA
Thomas Connelly,NY
Linda Connor,MO
Randy Connor, WI
James M. Connors,MO
Randy Connour,WI
John Conochalla,OH
Eugenia Conolly,MD
James Conover,DC
Shirley Conroy,VA
Robert Conway,MA
Timothy Conway,OH
David Cook,CA

Gerry Cook,NJ
Shirley E. Cooke,MD
William Coonce,MI
Alex A. Cooper,MO
Glennon Cooper,NJ
Kenneth Cooper,DC
Kenneth Cooper,CA
Kim Cooper,GA
Barbara Cooper-Gorden,
Peggy Coram Belger,GA
Clancy Corbet,CA
Mike Corken,IN
Calvin Cormack,MO
Joseph Cornelius,AR
Bob Cornet,NY
Judge Carol A. Corrigan,CA
Maura Corrigan,MI
Maureen Corry,NY
Jorge Corzo,PR
Megan Costello,CA
Tom Costello,SD
Ronald Coster,NY
Don Costigan,VA
Ellen Costilla,TX
Virgil Costly,GA
Janet Cotton,IN
Kathleen Coughlin,NY
Shelley Coulter,CA
Mary Courtney,GA
Darryl Couts,MO
Queen Covan,CA
Jennifer Cover,MD
Beverly Cox,TX
Edward Cox,NJ
Lea Cox,MA
Francis Coyne,NY
Glen Craig,CA
James Craig,KY
Marsha Crawford,DC
Pamela Crawford,FL
Vanilla Crawford,D.C.
Santos Crespo,NY
Daniel Crew,OH
Rosiland Cribbs,FL
M.J. Cristobal,GU
Gary Crites,WI
Barbara Croft,NE
Don Cromwell,CA
Deborah Crook,IA
Clyde S. Crosby,LA
Gene A. Crosby,MO
Robert C. Crosby,NM
James Crowley,MN
Thomas Crowley, M.D.,CO
John Cruden,D.C.
Stephen Cruickson,OH
Janice Cruikshank,CA
Cal Crutchfield,NC
Lucille Crysell,FL
Jill Cubberly,OH
W. L. Culbertson,GA
Thomas J. Cullen,MA
Tom Cullen,MA
Jackie Cummings,CA
Kevin Cummings,DC
Michael Cummings,OH
Andrew Cunningham,NE
James R. Cunningham,NE
Jerry Cunningham,TX
Carroll Curtis, M.D.,PA
Diana Curtis,DC
James Curtis,CA
Lon Curtis,TX
Mary Curtis,OH
James Cusack,NY
Suzanne Cusack,NY
Joyce Cussimanio,KS
Thomas Czech,IL
Dorynne Czechowicz,MD
Bob D'Alessa,CO
Donna Simms d'Almeida,DC
John Dadante,AZ
Floyd Daigle,TX
Elizabeth Dailey,KS
Lu Dailey,NE
Mary Dailey,IL
Amy Dale,CA
Gus Dalis,CA
Joseph Daly,OH
Ronald Daly,DC
Susan Damron,OK
Senator John Danforth,MO
Smith Daniel,VA
Dorothy Daniels,DC
Linda Daniels,MO
Linda Daniels,NM
Sue Daoulas,DC
Leon Dappen,NE
Jaime Darimblum,COSTA RICO
Lynda Darling,NE
Mark Darling,FL
Robert Darnell,GA
Timothy DaRosa,IL
Bill Daugherty,FL
Karen David,FL
Charles Davidson,NM
Lynn Davidson,SD
Jean Davier,NE
A. Robert Davies,OH
Howard Davies,NC
Bill Davis,OH
Bill Davis,MD
Buffy Davis,FL
Dom Davis,CA
Dottie Davis,GA
Galen Davis,KS
Howard Davis,NC
John Davis,FL
Kathy Davis,OH
Leanne H. Davis,NE
Margo Davis,TN
Michael Davis,NY
Pete Davis,TX
Ray Davis,NC
Sarah Fox Davis,TX
Suzanne Davis,OH
David Davison,NY
James Dawson,MO
Calvin Dawson,DC
Glenda L. Day,NE
Jim Day,CA
Antonio de Bartolomeo,ITALY
Carlota de Lerma,FL
Gloria De Tevis,NM
Irma V. De Lopez,PR
Mark de Bernardo,D.C.
Nick De Rosa,PA
William Dean,KS
Marty Dearwester,OH
Joseph Deatsch,FL
Mary Deaver,NE

Charles Deckard,FL
Jerry Deere,TX
Louis Defalaise,KY
Ruth Deffembaum,CO
Peggy Degreef,SD
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Albuquerque High School Drama Group
All-American Kids
Amity Choir
Cal Arts Jazz Ensemble
Cincinnati School for the Performing Arts Jazz Band
Ernie Pyle Mid-School Band
Everyday Theater Youth Ensemble
Frankie Scinta and the Scintas
Hot Pursuit
Just Say No Clubs of Los Angeles County
Madri-Gals, Florida
Marching Chieftains, Bellevue East High School, Nebraska
Mayport Junior High Cheerleaders
Mazano PRIDE
McMillan Junior High School Rap Group
NEWS 4-U
Paxon Senior High Marching Band
Pride of Pasadena Marching Band
PRIDE of Utah
River City Roundup Singers
Rozwell PRIDE
Self-Incorporated Teen Theatre Troupe
Stage 9 Against Drugs
Students Against Drugs
The New Mexican Marimba Band
The San Juan Indian Youth Dancers of San Juan Pueblo
The Douglas Anderson School of the Arts Jazz Band
United States Marine Corps Band
United States Army Chorus
Valley High Choral Group
Youth to Youth, Columbus, Ohio

Appendix 7: White House Conference For A Drug Free America Poster Contest Winners

Hundreds of children from school districts located in our six regional conference cities participated in "Our Future's Vision of a Drug Free America" regional poster contests. Three winners were named from each region, and from these eighteen winners two were selected as national winners to be honored at the National Conference in Washington, D.C. Our congratulations and appreciation to:

National Winners

William Brown, *Florida*
Jaclyn Roberson, *New Mexico*

Regional Winners

Craig Brewster, *California*
Robert Burkhartmeier, *New Mexico*
Robin Caine, *Florida*
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Jeff Cleveland, *Nebraska*
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Erica Hogg, *Ohio*
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All of the staff provided support in one way or another to the White House Conference for a Drug Free America. Some of the staff provided full-time support throughout the conference, while many others provided part-time support – some as little as one day a week during peak periods of activity. No matter the length of time, everyone made a significant contribution to fulfilling the goals of the Conference.